# IGLOO QUOTE SHEET

| VENDOR'S NAME & ADDRESS | | FACTORY NAME & ADDRESS | |
|---|---|---|---|
| Name: | | Name: | |
| Address: | | Address: | |
| Contact: | | Contact: | |
| Phone: | | Phone: | |
| Fax: | | Fax: | |
| E-mail | | E-mail | |

| TERMS OF SHIPMENT | | SPECIAL CONDITIONS | |
|---|---|---|---|
| FOB Port/Country: | | Price Quote Effective Start Date: | |
| Country of Origin: | | Price Quote Effective End Date: | |
| Delivery Terms: | FOB Shipping Port - Net 20 days (IGLOO Standard) | Lead Time from receipt of order (days): | |
| | | Minimum Production Quantity: | |
| | | Warranty Period (months): | |

| DETAILED DESCRIPTION OF ITEM | ATTACH COLOR PHOTO |
|---|---|
| ( Note. provide size, material composition) | |

| CARTON INFORMATION | | PACKAGING INFORMATION | |
|---|---|---|---|
| Master Carton Pack: | | Description of artwork included in quote: | |
| Master Carton Cube: (In cbft) | | | |
| Master Carton Wt: | | | |
| Master Cartons per 40 ft HC container: | | | |
| Master Cartons per 40 ft reg. container: | | Packaging Standards Used: | |
| Master Cartons per 20 ft container: | | | |
| Master Carton measurements: | | | |
| Length: | | Has packaging been tested? | |
| With: | | If yes, please include testing report. | |
| Height: | | | |

| PRODUCT QUESTIONNAIRE | FIRST COST INFO (PER PC) IN USD | |
|---|---|---|
| 1) Is this product licensed, copyrighted, or trademarked? Yes / No | FOB Costs ($): | |
| If yes, a copy of Trademark Release must be attached | 24999 per year: | |
| | 50,000 per year: | |
| 2) Is this product subject to quota? Yes / No | 75,000 per year: | |
| If yes, please describe. | 100,000 per year: | |
| | Duty: Rate %: | |
| | Duty Cost per Unit ($): | |
| 3) Does this product require fumigation? Yes / No | Duty based on 10 digit HTS # | |
| If yes, please describe. | Binding Ruling # if applicable: | |
| | Ocean Freight Costs: | |
| 4) Does Product have any safety certifications? Yes / No | 20ft | |
| If yes, please list. | 40 ft HC | |
| 5) All materials that come into contact with food FDA approved? Yes / No | SUPPLIER AUTHORIZATION | |
| If No, please discribe. | Name: | |
| | Title: | |
| | Date: | |