

**Quotation form**

Date

**Please send to fax no: +49 0351 202 508 01**

<b>Contractor</b>	Company / Translation agency / Private
	Name _____
<b>Contact</b>	Mr / Ms _____
<b>Address</b>	Street _____
	Code _____ City _____
	Country _____
	Telephone _____
	Telefax _____
	E-mail _____
<b>Job</b>	Translation <input type="checkbox"/> Proofreading <input type="checkbox"/>
<b>Text</b>	Format (eg doc, pdf) _____
	Language _____
<b>Translation</b>	Targetlanguage _____
<b>Textsize</b>	No. of lines _____ (55 characters = 1 line)
	No of words _____
<b>Reference material</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Number _____
	Format _____
<b>Glossary available</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Format _____
<b>CAT Tool required</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Name _____
<b>Proof-reading required</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Expedite service</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Delivery deadline</b>	Date _____ Time _____
<b>Other statement</b>	_____