

Shop code/name: ..... Date: .....

Valid for 30 days

# QUOTATION FORM



**Participants:** This quotation must be submitted online for approval by your employer. Please ask your employer for their unique employer code.

## THE BIKE SHOP

Shop name: ..... Branch: ..... Salesperson: .....

Phone no: ..... Email: .....

Address: .....

..... Postcode: .....

## THE PARTICIPANT

Name: ..... Employer's name: .....

Phone no: ..... Email: .....

Home address: .....

..... Postcode: .....

## THE PACKAGE



Cyclescheme Package [bike & accessories]



Bike Package [no extras]



Accessory Package [no bike]

## THE EQUIPMENT

1. Choose your bike ..... £ .....

2. Choose your helmet ..... £ .....

3. Choose your lights ..... £ .....

4. Choose your lock ..... £ .....

5. Choose your clothing ..... £ .....

6. Any additional items ..... £ .....

..... £ .....

..... £ .....

..... £ .....

*\*Please note that the items listed above are subject to availability.*

**Total price:** £ .....