

All PEO, Inc.

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Tigard, Oregon 97223

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Fax: (503) 624-4845

QUOTATION FORM

COMPANY NAME _____

CONTACT PERSON/POSITION _____

ADDRESS _____

TELEPHONE _____ **FAX** _____

TYPE OF BUSINESS _____

NUMBER OF EMPLOYEES _____ **FT** _____ **PT** _____

DO YOU HAVE AN EXPERIENCE MODIFIER _____ **If "yes" what is it?** _____

List *estimated* annual payroll by Workers Compensation Code

W/C CODE	POSITION	ANNUAL PAYROLL	CURRENT RATE