

AFC - Quote Request Form

Requested by: _____
Date: _____

Phone: _____
Fax: _____

JOBBER		CUSTOMER	
Company Name		Company Name	
Billing Address		Billing Address	
Shipping Address		Shipping Address	
City, State, Zip		City, State, Zip	
Phone		Phone	
Fax		Fax	
Contact Person		Contact Person	

<i>Is equipment going to be shipped to an address different than customer shipping address shown above?</i>	Shipping Address	
	City, State, Zip	

SOLD TO:	PRICE LEVEL:	FAX/MAIL TO: (Mark all that apply)
<input type="checkbox"/> Jobber, Ship to Customer	<input type="checkbox"/> Quote at Jobber	<input type="checkbox"/> Rep
<input type="checkbox"/> Direct Sale to Customer	<input type="checkbox"/> Retail	<input type="checkbox"/> Jobber
<input type="checkbox"/> Other: (Please specify below)	<input type="checkbox"/> Jobber + (Indicate % mark-up to the left)	<input type="checkbox"/> Customer

EQUIPMENT TO QUOTE:

<p><u>Booth Model(s):</u> _____</p> <p>Booth Dimensions:</p> <input type="checkbox"/> Standard <input type="checkbox"/> Other (Please specify below) _____ <p>Booth Finish:</p> <input type="checkbox"/> Galvanized <input type="checkbox"/> Powder Coated <p><u>Additional Information:</u></p>	<p><u>Heater Model:</u> _____</p> <p><input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas</p> <p><u>Cure Cycle?</u></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p><u>Location of Heater:</u></p> <input type="checkbox"/> Top of Booth <input type="checkbox"/> Roof of Building <input type="checkbox"/> Side of Booth <input type="checkbox"/> Behind Booth <input type="checkbox"/> Inside <input type="checkbox"/> Unknown at this time <input type="checkbox"/> Outside <input type="checkbox"/> Other: (Please specify below) <input type="checkbox"/> Hanging
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Additional Equipment/Special Requests/Comments:

JOB SITE INFORMATION:

<p><u>Voltage in Building</u></p> <input type="checkbox"/> 208 <input type="checkbox"/> 230 <input type="checkbox"/> 460 <input type="checkbox"/> 1 phase <input type="checkbox"/> 3 phase <input type="checkbox"/> Unknown at this time	<p><u>Booth Installation Area</u></p> <input type="checkbox"/> Width <input type="checkbox"/> Height <input type="checkbox"/> Length <input type="checkbox"/> Unknown at this time	<p><u>Description of Roof</u></p> <input type="checkbox"/> Height <input type="checkbox"/> Pitch <input type="checkbox"/> Unknown at this time
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Additional Information: