

**REQUEST FOR QUOTE**

DATE RECEIVED : \_\_\_\_\_  
SALES PERSON : \_\_\_\_\_

CUSTOMER : \_\_\_\_\_

ADDRESS : \_\_\_\_\_ PHONE : \_\_\_\_\_

CITY, STATE, ZIP : \_\_\_\_\_ FAX : \_\_\_\_\_

CONTACT : \_\_\_\_\_ E-MAIL : \_\_\_\_\_

CUSTOMER LINE OF BUSINESS: \_\_\_\_\_

HOW WILL METAL BE USED : \_\_\_\_\_

ANY STRUCTURAL REQUIREMENTS: \_\_\_\_\_

ALLOY & TEMPER : \_\_\_\_\_ BILLET CERTS REQUIRED : \_\_\_\_\_

CUT LENGTHS : \_\_\_\_\_ CUTTING TOLERANCES : \_\_\_\_\_

FINISH : \_\_\_\_\_ FINISH BY CUSTOMER: \_\_\_\_\_

FABRICATION : \_\_\_\_\_ ( CUSTOMER TO PROVIDE FAB PRINTS )

PACKAGING : FORKLIFT UNLOAD \_\_\_\_\_ ( check if applicable )  
HAND UNLOAD \_\_\_\_\_ ( check if applicable )

MAXIMUM WEIGHT PER BOX OR BUNDLE : \_\_\_\_\_

PACKAGING INSTRUCTIONS: PAPER INTERLEAF \_\_\_\_\_ ( check if applicable )  
PAPER INTERWEAVE \_\_\_\_\_ ( check if applicable )  
FOAM PACKAGING \_\_\_\_\_ ( check if applicable )

<b>EXTRUSIONS INC COMPANY USE ONLY</b>	
DIE SERVICE CHARGE :	_____
LBS / HR AND SCRAP % :	_____
FABRICATION TOOL CHARGE :	_____
FABRICATION CHARGE :	_____
SIGNATURE :	_____
REASON FOR "NO QUOTE" :	_____