

PRICE QUOTE INFORMATION

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

TYPE OF ORGANIZATION: _____

PHONE #: _____ FAX #: _____

SHIP TO ADDRESS: _____

CITY & STATE & ZIP CODE: _____

MODEL # (OR SIZE & LAYOUT): _____

QUANTITY OF SHELTERS: _____

TYPE OF SHELTER:

A) BUS SHELTER: _____ B) SMOKING SHELTER: _____ C) OTHER: _____

A) 3 SIDES/CANTILEVERED ROOF _____ B) 3 SIDES/NON-CANTILEVERED ROOF _____

C) 4 SIDES WITH 1 FRONT OPENING _____ D) 4 SIDES WITH 2 FRONT OPENINGS _____

ROOF TYPE: _____

GLAZING/WINDOWS MATERIAL: _____

COLOR OR FINISH OF ALUMINUM FRAMING: _____

OPTONS/ACCESSORIES: _____

FIRM PRICE: _____ BUDGET PRICE: _____

ADDITIONAL:
