



2403 S. Main Street

Fort Scott, KS 66701  
 620-223-4610  
 Toll Free: 1-866-420-4000  
 Sales Fax: 620-224-3107  
 Main Fax: 620-224-3105

## REQUEST FOR QUOTATION

CO. Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Job Name: \_\_\_\_\_ Date: \_\_\_\_\_ Bid Date: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Series: \_\_\_\_\_

<b>FINISH</b>		<b>PANNING</b>	YES	NO	<b>PANELS</b>	YES	NO
2603	_____	MODEL #:	_____		THICKNESS	_____	
2604 (50% KY)					EXT SKIN	_____	
2605 (70% KY)		<b>TRIM</b>	YES	NO	INT SKIN	_____	
3-COAT		MODEL #:	_____		CORE	_____	
OTHER	_____	MODEL #:	_____		BACKER	_____	
ANODIZED						3 PLY	5 PLY
CLASS _____	FINISH _____				MISC	_____	

<b>GLAZING</b>	<b>(THICKNESS / TYPE)</b>	<b>MULLIONS</b>	YES	NO	<b>SPANDREL</b>	YES	NO
SINGLE	_____	VERTICAL			(ATTACH SPECIFICATIONS)		
INSULATED	EXT INT	HORIZONTAL					
DUAL SEAL		SPECIAL					
DUAL GLAZED		_____			<b>LOUVERS</b>	YES	NO
UNGLAZED		_____			(ATTACH SPECIFICATIONS)		
SPECIAL							

<b>SCREENS</b>	YES	NO	<b>RECEPTOR</b>	YES	NO	<b>SPECIAL</b>
FIBER			HEAD & JAMBS			_____
ALUM			HEAD ONLY			_____
STAINLESS	_____	_____	MODEL #:	_____		_____
STEEL	GAUGE	MESH				_____
OTHER	_____		<b>SUBSILL</b>	YES	NO	_____
	SPECIFY		MODEL #:	_____		_____

<b>MISC.</b>		<b>SILL COVER</b>	YES	NO
EXPANDER	DIE #:	MODEL #:	_____	
ANGLE	DIE #:			
MULLION COVER	DIE #:	<b>BRAKE METAL</b>	YES	NO

<b>SPECIAL HARDWARE</b>		<b>WARRANTY REQ.</b>
_____		MATERIAL _____ YRS
_____		GLASS _____ YRS
	<b>MUNTINS</b>	FINISH _____ YRS
	TRUE	
	BETWEEN GLASS	
	APPLIED	



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**CUSTOMER:**

**DATE ENTERED:**

**JOB NAME:**

**BID DATE:**

**ATTN:**

**PAGE #:**

MODEL	FN	QTY	WIDTH	HEIGHT	GLAZING	MARK #	SCREENS / MUNTINS
5							
10							
15							
20							
25							

**CUSTOM FINISH:** \_\_\_\_\_  
**ALTS / OPTIONS:**

	MODEL	FN	QTY	WIDTH	HEIGHT	GLAZING	MARK #	SCREENS / MUNTINS
30								
35								
40								
45								
50								

**CUSTOM FINISH:** \_\_\_\_\_  
**ALTS / OPTIONS:**