

Dealer Quotation Form - Doors

(Use one form for each different series of product—Fax completed form to 951-279-8068)

Dealer Name _____ Account # _____
 Email _____ Phone # _____
 Salesperson _____ Fax # _____
 Job Name _____

Product Finish (Check One)

Stock: _____ Dark Bronze Anodize _____ Clear Anodize _____ Fast Track White Paint _____ Vinyl White _____ Vinyl Almond

Custom:

70% Kynar (non-exotic) Paint _____ Custom Anodize _____

70% Kynar (exotic colors) Paint _____ Replicated Wood Finish _____

Door Hardware (Specify and Check Options)

Style _____ _____ Keyed Cylinders _____ Actuator Only
 Color _____ Custom (describe) _____

Glass Type (Check Option and Explain)

_____ Low E Glass _____ Insulated Glass _____ Single Glass

Description _____

Door Options (Check Desired Options)

_____ Sub Sill _____ Stucco Ground _____ (feet needed) _____ Sill Pan (height _____) _____ Windload Adapters
 _____ Jamb Comp _____ Head Comp _____ HP Interlockers _____ Vertical Sightline Extenders

Quantity	Series	¹ Configuration	NFW	X	NFH	Screens? Select One	Frame? Select One	Full Cardboard Cartoning?
						Yes	Nail-on	Yes (Added \$)
				X		No	Block	No
				X		Yes	Nail-on	Yes (Added \$)
				X		No	Block	No
				X		Yes	Nail-on	Yes (Added \$)
				X		No	Block	No
				X		Yes	Nail-on	Yes (Added \$)
				X		No	Block	No

¹This determines the operation of the product, e.g. OX, PXXX, OXXXXXXO, etc.