

## GENERAL INFORMATION

COMPANY \_\_\_\_\_ DATE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY / STATE / ZIP \_\_\_\_\_

WEBSITE \_\_\_\_\_ EMAIL \_\_\_\_\_

HOW DID YOU HEAR OF ALUFLAM? Existing customer  Sales rep  Magazine ad   
 Aluflam specified  Internet search  Tradeshow  Other

NEED QUOTE BY (date) \_\_\_\_\_ PROVIDE PRODUCT LIT. WITH QUOTE? Y  N

## PROJECT INFORMATION

PROJECT REFERENCE \_\_\_\_\_

LOCATION \_\_\_\_\_

ARCHITECT \_\_\_\_\_ CITY / STATE \_\_\_\_\_

SPEC'S AVAILABLE? (please attach) Y  N  BUILDING TYPE \_\_\_\_\_

ESTIMATED AWARD DATE \_\_\_\_\_ DELIVERY SCHEDULE \_\_\_\_\_

PRODUCT LOCATION (check one or both) Interior  Exterior

## PRODUCT REQUIREMENTS – Enter below or attach separate take-off

### GENERAL

ALUMINUM FINISH Anodize  Clear  Dark bronze  Med. bronze  Black  Champagne   
 Powder coat  RAL No.: \_\_\_\_\_  Other: \_\_\_\_\_  
 Paint  Specify: \_\_\_\_\_

SPECIAL GLASS REQUIREMENTS \_\_\_\_\_ OTHER \_\_\_\_\_

### DOORS

Qty.	Type (SD / DD-AA / DD-AF)	Size (w x h)	Rating	Options (Non-std. hardware, kickplates, mullions, etc.)
			<input type="checkbox"/> 20 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 90	
			<input type="checkbox"/> 20 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 90	
			<input type="checkbox"/> 20 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 90	
			<input type="checkbox"/> 20 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 90	

### WINDOWS / VISION WALLS (show elevation layout in separate sketch)

Qty.	Storefront / Curtainwall	Size (w x h)	Rating (2 Hr. on curtainwall ONLY)	Intermediate Mullions (hor x ver)	Options (Butt-glazed, etc.)
	<input type="checkbox"/> SF <input type="checkbox"/> CW		<input type="checkbox"/> 20 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 120		
	<input type="checkbox"/> SF <input type="checkbox"/> CW		<input type="checkbox"/> 20 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 120		
	<input type="checkbox"/> SF <input type="checkbox"/> CW		<input type="checkbox"/> 20 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 120		
	<input type="checkbox"/> SF <input type="checkbox"/> CW		<input type="checkbox"/> 20 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 120		
	<input type="checkbox"/> SF <input type="checkbox"/> CW		<input type="checkbox"/> 20 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 120		
	<input type="checkbox"/> SF <input type="checkbox"/> CW		<input type="checkbox"/> 20 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 120		
	<input type="checkbox"/> SF <input type="checkbox"/> CW		<input type="checkbox"/> 20 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 120		
	<input type="checkbox"/> SF <input type="checkbox"/> CW		<input type="checkbox"/> 20 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 120		