

THERMOCROMEX MATERIAL QUOTE FORM

send completed form to: amyb@thermocromex.com

*Company Name: _____

*Estimator's Name: _____

*E-mail Address: _____

*Address: _____

*City, State, Zip: _____

*Phone #: _____

Fax #: _____

*Project Name: _____

*Project Address: _____

*Project City, State, Zip: _____

*Architect of Record: _____

GC(s) you are sending bids: _____

Estimated Job Start Date: _____

*Indicates required Field

FREIGHT QUOTE (ALLOW 4 HOURS FOR FREIGHT QUOTE)

SELECT ONE: Ship to Bidder

Ship to Project Site

Don't Quote Freight

CHECK ALL THAT APPLY: Residential Delivery Charges

Lift Gate Delivery Charges

Construction Site Delivery Charges

FINISH 1:

*Pattern or ID#: _____

*Thickness: _____

*Substrate: _____

*Total SQFT: _____

Base Color: _____

of Top Colors (if req) _____

FINISH 2:

*Pattern or ID#: _____

*Thickness: _____

*Substrate: _____

*Total SQFT: _____

Base Color: _____

of Top Colors (if req) _____

FINISH 3:

*Pattern or ID#: _____

*Thickness: _____

*Substrate: _____

*Total SQFT: _____

Base Color: _____

of Top Colors (if req) _____

FINISH 4:

*Pattern or ID#: _____

*Thickness: _____

*Substrate: _____

*Total SQFT: _____

Base Color: _____

of Top Colors (if req) _____

Comments: