



CUSTOM PRODUCT - Request for Quote

Company Name _____
Address _____
City _____ State _____ Zip Code _____
Contact Name _____
Email _____
Phone _____

Project Name _____
Quantity _____
Paint finish _____

Pull Type F S H G A E L Custom

Lock Type LL HK UM FR Electronic Custom

Glides Yes No

Casters Yes No If yes, Locking Non-Locking 1.5" 2" Custom

Counterweight Yes No

Description of Product:

Install Date (approx) _____

Overall Dimensions W D H

Sketch of Product (or attach drawing)

Do you require a freight cost estimate? Yes No Ship to Zip Code