



Job Quote Request Checklist

Please complete as fully as possible and fax to (410) 721-9331.

Dealer/Customer Information:

Company Name: _____ City/State: _____
 Contact Name: _____ Phone: _____
 Fax: _____ Email: _____

End User Information:

Company Name: _____
 Contact Name: _____
 Address: _____
 Suite or Floor: _____
 City, State, Zip:* _____

* Required information

Job Type / Description:

- Receive product / Deliver to site / Install
- Meet truck at site / Unload / Install
- Install only / Product at site
- Receive product / Deliver inside only / No unboxing
- Refurbishing
- Relocation / Reconfiguration
- Service Call / Maintenance
- Other _____

Manufacturer Name(s) _____

Estimated ship date: ____ / ____ / ____

Estimated install date: ____ / ____ / ____

Describe the scope of the project**:

** Please provide a copy of the product list and specify which products require assembly.

Job Details:

Job quotes are based on the following assumptions: Within 30 miles of installer, regular business hours (M-F), no steps, exclusive use of freight elevator and loading dock, installation areas clear of personnel and objects which may impede delivery/installation, no disconnection/reconnection of hardwire electrical connections.

Check below all conditions that apply:

- Overtime (nights, weekends)
- No loading dock
- Non-exclusive use of elevator
- Public elevator only
- Carry product up steps
How many? _____ How wide? _____
- Moving of existing furniture
- Union labor required
- Electrician services requested
- Floor protection (masonite)
- Wall or elevator protection
- Limited receiving hours at site
- Permits required / Certificate of Insurance
- Residential delivery
- Building security requirements needed
- Other: _____

Attachments:

Please indicate if you have any of the following materials and the method by which they will be sent. Hardcopy items should be marked with your name, company and your InstallNET project manager.

- | | | | | |
|--------------------------------------------------------------------|------|-------|-----|-----------|
| <input type="checkbox"/> Bill of Materials / Itemized Product List | Mail | Email | Fax | Overnight |
| <input type="checkbox"/> Floor Plans | Mail | Email | Fax | Overnight |
| <input type="checkbox"/> Other: _____ | Mail | Email | Fax | Overnight |