



REQUEST FOR QUOTATION

Print and fax to: **601-774-5174**
P.O. Box 189 • 610 South Decatur Street • Union, MS 39365

CUSTOMER INFORMATION

CUSTOMER NAME _____

CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

PROFILE INFORMATION

DESCRIPTION _____

THICKNESS _____

WIDTH _____

LENGTH _____ QUANTITY _____

DRAW YOUR PROFILE HERE (or attached separate sheet)
Note: • Please show dimensions where possible.