

QUOTE ORDER

____ OF ____

STANDARD (-5 DAY LEAD)

RUSH (35%-3 DAY LEAD)

CUSTOMER # _____

COMPANY _____

PO# _____

REQUESTED SHIP DATE _____ SHIP VIA _____

SHIP TO *(IF DIFFERENT THAN BILLING ADDRESS)*

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE/ZIP _____ CUSTOMER CONTACT _____

PAINT:

QTY	GALLON	QUART	PINT	COLOR NAME	SCM #	SHEEN

GLAZE:

QTY	GALLON	QUART	PINT	COLOR NAME	SCM #	SHEEN

STAIN:

QTY	GALLON	QUART	PINT	COLOR NAME	SCM #	SHEEN

PRIMER:

QTY	GALLON	QUART	PINT	COLOR NAME	SCM #	SHEEN

TOPCOAT:

QTY	GALLON	QUART	PINT	SHEEN

CATALYST:

QTY	GALLON