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ARCHITECTURAL FOAM FABRICATORS, LLC.

CUSTOM PIECE QUOTE

Company: _____ Payment Method: _____

Address: _____ Credit Card #: _____

_____ Card Exp. Date: ____ / ____ / ____

Phone #: _____ Check #: _____

Cell #: _____ C.O.D.: _____

Fax#: _____ Purchase Order #: _____

Email: _____ Total Amount Of Purchase: \$ _____

Job Name: _____

Auth.

Contact Name: _____ Signature: x _____ Date: ____ / ____ / ____

*** PLEASE ATTACH DRAWINGS IF POSSIBLE ***

QTY	DESCRIPTION / DRAWING #	RETURNS	KEYSTONE	COATINGS
		<input type="checkbox"/> NO <input type="checkbox"/> YES MEASUREMENT <input type="checkbox"/> TOP <input type="checkbox"/> BOTTOM	<input type="checkbox"/> NO <input type="checkbox"/> YES PROFILE #	<input type="checkbox"/> RAW FOAM <input type="checkbox"/> MESH/BASE COAT <input type="checkbox"/> FINISH SPRAY <input type="checkbox"/> POLYURATHANE
		<input type="checkbox"/> NO <input type="checkbox"/> YES MEASUREMENT <input type="checkbox"/> TOP <input type="checkbox"/> BOTTOM	<input type="checkbox"/> NO <input type="checkbox"/> YES PROFILE #	<input type="checkbox"/> RAW FOAM <input type="checkbox"/> MESH/BASE COAT <input type="checkbox"/> FINISH SPRAY <input type="checkbox"/> POLYURATHANE
		<input type="checkbox"/> NO <input type="checkbox"/> YES MEASUREMENT <input type="checkbox"/> TOP <input type="checkbox"/> BOTTOM	<input type="checkbox"/> NO <input type="checkbox"/> YES PROFILE #	<input type="checkbox"/> RAW FOAM <input type="checkbox"/> MESH/BASE COAT <input type="checkbox"/> FINISH SPRAY <input type="checkbox"/> POLYURATHANE
		<input type="checkbox"/> NO <input type="checkbox"/> YES MEASUREMENT <input type="checkbox"/> TOP <input type="checkbox"/> BOTTOM	<input type="checkbox"/> NO <input type="checkbox"/> YES PROFILE #	<input type="checkbox"/> RAW FOAM <input type="checkbox"/> MESH/BASE COAT <input type="checkbox"/> FINISH SPRAY <input type="checkbox"/> POLYURATHANE
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