

ORDER QUOTE

PAGE ____ OF ____

CUSTOMER # _____ COMPANY _____

PO # _____ DATE ORDERED _____ REQUESTED SHIP DATE _____

SHIP TO (IF DIFFERENT FROM BILLING ADDRESS): _____ SHIP VIA _____

COMPANY/NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CUSTOMER CONTACT _____

 STANDARD LEAD TIME RUSH (25% UPCHARGE) EXPEDITE (50% UPCHARGE)

PAINT/STAIN

QTY	GAL	QT.	PT.	COLOR NAME	SCM#	VENDOR NAME & CODE	SHEEN

PRIMER

QTY	GAL	QT.	PT.	COLOR NAME

GLAZE

QTY	GAL	QT.	PT.	COLOR NAME

CLEAR TOP COAT

QTY	GAL	QT.	PT.

SEALER

QTY	GAL	QT.	PT.	COLOR NAME

CATALYST (ONLY AVAILABLE IN QUART SIZE)

QTY	QUART

THINNER (ONLY AVAILABLE IN QUART SIZE)

QTY	QUART

SPECIAL INSTRUCTIONS _____