

QUOTATION REQUEST FORM

PROJECT NAME: _____

COLD ROOM OD
 DIMENSIONS: _____ X _____ X _____

BOX TYPE: INDOOR OUTDOOR COOLER
 COMBO BODYBOX FREEZER

If Combo
 Cooler: _____ X _____ X _____

Freezer: _____ X _____ X _____

(For Ceiling That Span More Than 20 ft.)

CEILING SUPPORT / SUSPENDED
 STRUCTURAL BEAM / SELF - SUPPORT

FINISH: _____ Ga. Galvanize Interior Exterior
 _____ Ga. Galvalum Interior Exterior
 _____ Ga. Aluminum Interior Exterior
 _____ Ga. Stainless Interior Exterior
 _____ Ga. White Interior Exterior
 Other _____

WALL PANELS: 4" High Density 5" High Density

CEILING PANELS: 4" High Density 5" High Density

FASTENERS: CAMLOCK LAG DOWN

FLOOR: NONE FREEZER ONLY
 STAINLESS STEEL SMOOTH ALUMINUM
 THROUGHOUT DIAMOND PLATE
 OTHER _____

RECESSED PIT: YES NO DEPTH _____ ft.

RAMP: YES NO INTERIOR EXTERIOR

DOOR FINISH: SAME AS WALL STAINLESS STEEL INTERIOR
 STAINLESS EXTERIOR
 OTHER _____

DOOR SIZE: 30 X _____ 34 X _____
 36 X _____ 42 X _____
 48 X _____ 52 X _____
 60 X _____ 72 X _____
 84 X _____
 OTHER _____

DOOR TYPE: SWING SLIDING HINGE
 MANUAL ELECTRIC RIGHT
 SINGLE BI-PARTING LEFT
 FLUSH OVERLAP
 OTHER _____

DOOR LOCATON: CENTERED OFF CENTERED
 RIGHT LEFT
 on _____ ft. side

SPECIAL ACCESSORIES	
<input type="checkbox"/> BASIC TEMP ALARM	<input type="checkbox"/> 48" V.P. FLUORECENT LIGHT/S
<input type="checkbox"/> TEMP ALARM/LEAD - LAG	<input type="checkbox"/> 48" V.P. LED LIGHT/S
<input type="checkbox"/> CHART RECORDER	<input type="checkbox"/> V.P. COMPACT FLUORECENT/S
<input type="checkbox"/> CUSTOM CONTROL PANEL	<input type="checkbox"/> V.P. COMPACT LED LIGHT/S
<input type="checkbox"/> STRIP CURTAINS	<input type="checkbox"/> DOOR HOOD
<input type="checkbox"/> LIGHT SWITCH W/PILOT LIGHT	<input type="checkbox"/> MANUAL THEROMOMETER
<input type="checkbox"/> LIGHT SWITCH W/DIGITAL THEROM	<input type="checkbox"/> PERIMETER HEATING
<input type="checkbox"/> 3 - WAY SWITCH	
<input type="checkbox"/> KICK PLATES <input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR	
<input type="checkbox"/> VIEW WINDOW _____ X _____ <input type="checkbox"/> HEATED	
<input type="checkbox"/> ROOFCAP <input type="checkbox"/> DURALAST <input type="checkbox"/> ALUM	
<input type="checkbox"/> BUMPER RAIL <input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR	
<input type="checkbox"/> CEILING ENCLOSURE	MAX 24" TALL

Ht. _____ Building Height Inner Dimensions _____ ft.

REFRIGERATION SYSTEM: YES NO
 SELF CONTAINED REMOTE
 REDUNDANT SYSTEM: YES NO

ELECTRICAL SPECIFICATIONS	
Condensing Unit Volt/Phase:	_____ / _____ / _____
Evaporator Coil Volt/Phase:	_____ / _____ / _____
Refrigeration Line Footage:	_____ ft.
Condensate Line Footage:	_____ ft.

Condensate Evaporator Pan: YES NO

SEISMIC RESTRAINT YES NO ENGINEERING

OTHER _____

INSTALL: YES NO

What building floor is the cold room placed: _____

CONDENSING UNIT LOCATION BUILDING ROOF COLD ROOM ROOF
 OTHER

BUILDING HEIGHT: _____

WAGES: UNION PREVAILING WAGES
 DAVIS BACON NONE

DELIVERY: IN CALIFORINA IN U.S. OVER SEAS

City: _____ St. _____ Zip: _____

Filled Out By: _____

Date: _____

COMPANY NAME: _____ PHONE NO.: _____ FAX NO.: _____

CONTACT: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ ST. _____ ZIP: _____