

## SCREENEZE® REQUEST FOR QUOTE/ORDER FORM

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 PO#: \_\_\_\_\_ Job Name: \_\_\_\_\_  
 Bill to: \_\_\_\_\_ Ship to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is this shipping to a residence? Yes No  
 What color SCREENEZE®? Bronze White Sand Clay  
 What type of customer are you? Homeowner Contractor Lumberyard Distributor

How many 8 ft pieces of SCREENEZE® do you need? \_\_\_\_\_  
 How many 12 ft pieces of SCREENEZE® do you need? \_\_\_\_\_  
 How many 8 ft pieces of FLATBAR do you need? \_\_\_\_\_  
 What is the total number of linear feet? \_\_\_\_\_  
 Do you need any Plinth Kits? Yes No \*one kit per opening\*  
 How many Plinth Kits do you need? \_\_\_\_\_ Choose Type: Flush Kit Corner Kit \*must choose one\*  
 What color Plinth Kits do you need? Black White Sand Clay  
 Do you need screen fabric? Yes No  
 What is the item code & description? \_\_\_\_\_  
 How many rolls do you need? \_\_\_\_\_

*\*Credit card information is not required to receive a quote\**

Credit Card MC VISA AMEX  
 Name on Card \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Card Number \_\_\_\_\_  
 Exp Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

**Fax to 513.451.9366 or email to support@SCREENEZE.com**