



# Plastic Request for Quotation

<b>COMPANY INFORMATION</b>				
Company Name:				
Address:				
City:		State:		Zip:
<b>CONTACT INFORMATION</b>				
Purchasing Contact:				
Phone:		Fax:	Email:	
Engineering Contact:				
Phone:		Fax:	Email:	
Rep Agency:			Sales Rep:	
<b>PART INFORMATION</b>				
Customer P/N:		Rev:	Part Name:	
Product Used On:				
Date Sent to Douglas:			Quote Due Date:	
EAU:		Qtys to Quote		
Material Type:	Black ABS <input type="checkbox"/>	Platable ABS <input type="checkbox"/>	Clear Acrylic <input type="checkbox"/>	Other
Part Size:				
Plating	None <input type="checkbox"/>	Bright Chrome <input type="checkbox"/>	Brushed Chrome <input type="checkbox"/>	Platinum
Painted:	Overall & Wipe <input type="checkbox"/>	Mask <input type="checkbox"/>	Roller Coat <input type="checkbox"/>	
Paint Color:				
Hotstamp Color:				
CTS Color:				
Screen Print Color:				
Urethane Pour:				
Background Finish:	None <input type="checkbox"/>	Stipple <input type="checkbox"/>	Other	
Mounting:	Diecut Adh <input type="checkbox"/>	Strip Adh <input type="checkbox"/>	Lugs <input type="checkbox"/>	Holes <input type="checkbox"/>
<b>Urethane Insert Option</b>				
Base Material:	Bright Chrome PE <input type="checkbox"/>	Brushed Chrome PE <input type="checkbox"/>	White PE <input type="checkbox"/>	Other
Part Size:				
Printed Colors:			Embossed Copy: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments:				

Return completed form along with prints, drawings, artwork, sketch, and or samples to Douglas Corporation Sales Department.