



DOUGLAS CORPORATION

Decal / Urocal Request for Quotation

COMPANY INFORMATION			
Company Name:			
Address:			
City:	State:	Zip:	
CONTACT INFORMATION			
Purchasing Contact:			
Phone:	Fax:	Email:	
Engineering Contact:			
Phone:	Fax:	Email:	
Rep Agency:		Sales Rep:	
PART INFORMATION		Decal <input type="checkbox"/>	Urocal <input type="checkbox"/>
Customer P/N:	Rev:	Part Name:	
Product Used On:			
Date Sent to Douglas:		Quote Due Date:	
EAU:	Qtys to Quote:		
Base Material:	Bright Chrome <input type="checkbox"/>	Brushed Chrome <input type="checkbox"/>	White PE <input type="checkbox"/> Other
Part Size:	Adhesive Type:		
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.