

Quick Quote Request Form

*Your Name: _____
*Organization: _____
*Street Address: _____
*City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____
*Telephone: _____
*Cell Phone: _____
*FAX: _____
*Email: _____
*Project Name: _____ Location: (City/State) _____
*Describe application: (Gym, Warehouse, Pool, Grocery, Church, Showroom, Food Process, etc.)

*Cooling _____ Heating _____ Both _____ Refrigeration _____ Make-up Air _____
*Distance of Bottom of Duct (BOD) Above Finished Floor (AFF) _____
*Suspension preferred: Cable _____ Rail _____

For A Price Quotation:

- ▶ For simple, straight duct runs, list Quantity, CFM, Diameter, Length for each duct.
- ▶ Show Centerline dimensions for any duct run with Elbows, Tees, Take-offs, Off-sets, etc.
- ▶ **DO NOT add up the lengths of each duct diameter, Elbows, Reducers, etc.**

Email a PDF or AutoCad 2000 file to RFQ@qsox.com

OR

- FAX a sketch of duct layout
- Indicate room dimensions & location dimensions for each air supply unit
- Indicate each duct's CFM or diameter and length

PHONE: 952-277-QSOX (7769)

FAX: 952.252.7900

EMAIL: RFQ@qsox.com