

538 King St.
Port Colborne, Ontario
T. 905-834-1710
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Request For Quotation

Customer Name:		St	Street Address:			City:		
Postal Code:			Phone:			Email:		
Date of Phone Call:			Date and Time of Meeting:			Nature of Meeting		
All above information MUST! Be filled out								
Project type :	Residentia	al	Commercial Industrial			Equipment		
Project Scope: (Brief Description of the project)								
Circle all that app	oly:							
Design Service	Utility Services	Found	ation	Addition	Renovat	ion New B	uild Exterior Coverings	
Windows and Doors	Interior Finishing	Conc	rete	Bathroom Reno	Kitche Reno		g Specialty Project	
Does the customer Nave plans/Drawings :		Yes	No					
Quote Completed		Yes	No	Quote delivered		: Yes	No No	