

JOB REFERENCE (if applicable): ___

CUSTOMER NAME: ____

REQUEST FOR QUOTE:

> LOW PROFILE RIDGE VENTILATORS

Please submit the following form and a Metallic Products representative will contact you about your quote.

	COMPANY (if applicable):										
	□ WILL CALL Phone Number (Req'd):										
	☐ SHIP TO:							ZIP (Req'd):			
	REQUESTED COMPLETION DATE (MM/DD/YY):										
	QUANTITY:										
TECHNICAL SPECIFICATIONS Check only one box.											
LENGTH: □ 10' □ Other:											
END CAPS QTY:											
SPLICE KITS QTY (Required for Continuous Run):											
FLORIDA APPROVED: YES NO											
COLOR: ☐ Galvalume ☐ Polar White		☐ Burnish			iddle Tan sh Gray		☐ Other:				
ROOF SLOP	PE: □ 2:12	□ 3:12	□ 4:I2	□ 5:12	□ 6:12	□ 7:I2	□ 8:12	□ 9:12	□ 10:12	□ II:I2	□ I2:I2
VENT SKIRT CONFIGURATION: □ Flat □ Die Formed R-Panel □ Die Formed M/U Panel											
ADDITION	NAL COM	IMENTS:									
	> SUBMIT FORM										

PLEASE SEND COMPLETED FORM TO YOUR METALLIC PRODUCTS REPRESENTATIVE. Questions? Call us at 800.356.7746 or email sales@mpvent.com.

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