

REQUEST FOR QUOTE:

▶ APEX VENTILATORS

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

JOB REFERENCE (if applicable): __



	CUSTOME	R NAME:									
	COMPANY		•								
	☐ WILL CALL Phone Number (Req'd):								ZIP (Req'd):		
				HIE (MIN)	: _ ו ז /טט						
'	QUANTITY	:									
TECHNICA	AL SPEC	CIFICAT	rions d	heck only o	ne box.						
THROAT SIZE:	□ I2"	□ 20"									
DAMPER:	☐ Yes	□ No									
PULL CHAIN:	□ 5'	☐ Other	:								
COLOR:											
☐ Galvalume☐ Polar White	☐ Burnished Slate☐ Light Stone		☐ Saddle Tan☐ Ash Gray		١	☐ Other:					
ROOF SLOPE:		itoric		ion Gray							
	□ 3:12	☐ 4:I2	□ 5:12	□ 6:12	□ 7:12	□ 8:12	□ 9:12	□ 10:12	□ II:I2	☐ I2:I2	
BASE TYPES:					I			I			
☐ Flat Peak Mount		☐ Corrugated		ed Peak		☐ Flat Hillside		☐ Corrugated Hillside			
								-			
					ı			1			
PANEL TYPE:	☐ R-Pane	el 🗆 U	-Panel	\square Other: $_$							
	014111										
ADDITIONAL C	OMMENTS:								_		
							> SUB	MIT FORM			
							_				



PLEASE SEND COMPLETED FORM TO YOUR METALLIC PRODUCTS

REPRESENTATIVE. Questions? Call us at 800.356.7746 or email info@mpvent.com.

