

JOB REFERENCE (if applicable): __

CUSTOMER NAME: ____

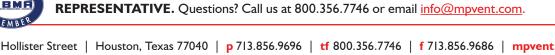
REQUEST FOR QUOTE:

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: APPROVED YES NO										
COLOR: ☐ Galvalume ☐ Polar Whit		shed Slate Stone		iddle Tan sh Gray		☐ Other:				
ROOF SLO		☐ 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										
ADDITIONAL COMMENTS:										
								- 1	SUBMIT	FORM





PLEASE SEND COMPLETED FORM TO YOUR METALLIC PRODUCTS