

Connecticut Screen Works, Inc.

P.O. Box 4578

Wallingford, CT 06492

Email: sales@connscreen.com

www.connscreen.com

Phone: (203) 741-0859

Fax: (203) 741-0895

**MANUFACTURE QUOTE REQUEST**

DATE: _____

REFERENCE INFORMATION: JOB / PO NO: _____ JOB NAME: _____

BILL TO:

SHIP TO: () Same as "bill to"

Bill To Contact: _____

Ship To Contact: _____

Bill To Phone: _____

Ship To Phone: _____

LINE	AMT	FRAME COLOR	SCREEN MATERIAL	PVC INSERTS	CENTER BAR	TTT WIDTH	TTT HEIGHT
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							

COLUME CODES**FRAME COLOR:** M = MILL / W = WHITE / B = BRONZE / T = TAN**SCREEN MATERIAL:** 18X14 = 18X14 FIBERGLASS / 20X20 = 20X20 FIBERGLASS**PVC INSERTS:** Y = ADD MATCHING PVC INSERT / N = SCREEN ONLY NO PVC**CENTER BAR:** CENTER BAR LOCATION (IN INCHES) FROM BASE UP TO C/L OF BAR LOCATION**TTT WIDTH:** ENTER EXACT MANUFACTURE WIDTH / **TTT HEIGHT:** ENTER EXACT MANUFACTURE HEIGHT**FOR OFFICE USE ONLY**

DATE REC:	PROC BY:	QUOTE:	SENT:
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**MANUFACTURE WORK ORDER**

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By signing and submitting I am requesting Connecticut Screen Works, Inc. fulfill this work order as listed. I additionally authorize Connecticut Screen Works, Inc. to charge all costs associated with this order to my below listed credit card. I acknowledge that I have read the sales terms and conditions listed at www.connscreen.com/toplevel/policies.html. I further acknowledge that said terms and conditions are the only terms and conditions binding upon this transaction and, without stipulation or limitation, I accept said terms and conditions in every respect.

Signature: _____ Date: _____ Card Type: () V () MC () AMEX () DISC

Card Number: _____ Exp Date: _____

Billing Zip Code For This Card: _____ Name On Card: _____

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DATE REC:	PROC BY:	QUOTE:	SENT:
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**RAW MATERIALS ORDER**

DATE: _____

REFERENCE INFORMATION: JOB / PO NO: _____ JOB NAME: _____

BILL TO:

SHIP TO: () Same as "bill to"

Bill To Contact: _____

Ship To Contact: _____

Bill To Phone: _____

Ship To Phone: _____

LINE	AMT	ITEM NUMBER	DESCRIPTION	FINISH
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				

By signing and submitting I am requesting Connecticut Screen Works, Inc. fulfill this work order as listed. I additionally authorize Connecticut Screen Works, Inc. to charge all costs associated with this order to my below listed credit card. I acknowledge that I have read the sales terms and conditions listed at www.connscreen.com/toplevel/policies.html. I further acknowledge that said terms and conditions are the only terms and conditions binding upon this transaction and, without stipulation or limitation, I accept said terms and conditions in every respect.

Signature: _____ Date: _____ Card Type: () V () MC () AMEX () DISC

Card Number: _____ Exp Date: _____

Billing Zip Code For This Card: _____ Name On Card: _____

FOR OFFICE USE ONLY

DATE REC:	PROC BY:	TRANS:	PROD:
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