

REQUEST FOR QUOTE ESCALATOR

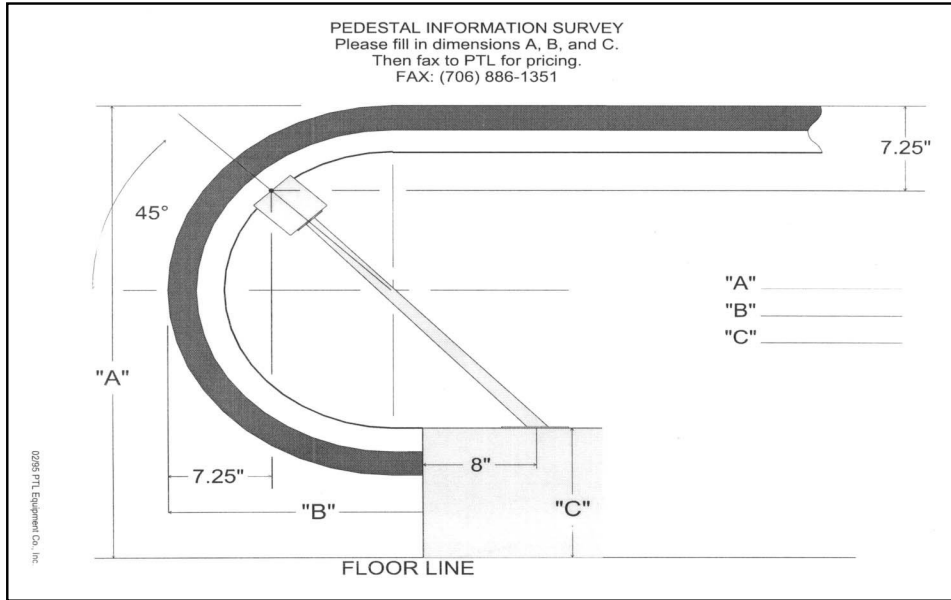
Toll-Free
(800) 736-2120

www.PTLEquipment.com

CUSTOMER INFORMATION	
COMPANY NAME: _____	CONTACT NAME: _____
COMPANY ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
PHONE: _____ EXT: _____	FAX: _____ EMAIL: _____
RFQ DATE: _____	CUSTOMER SERVICE REPRESENTATIVE:
	<input type="checkbox"/> Bobby Tansey - bobbytansey@ptlequipment.com ext. 9237
	<input type="checkbox"/> Rich Haney - richhaney@ptlequipment.com ext. 9231
	<input type="checkbox"/> Jonathan Wright - jonathanwright@ptlequipment.com ext. 9232
JOB ADDRESS/PROJECT NAME: _____	LOCATION: CITY _____
QUOTE PRICING NEEDED BY DATE/TIME: _____	STATE _____

VOLTAGE SPECIFICATIONS	MATERIAL SPECIFICATIONS
VOLTAGE _____ AC <input type="checkbox"/> DC <input type="checkbox"/>	<input type="checkbox"/> 302/304 Stainless Steel
Other: _____	<input type="checkbox"/> 60/40 Naval Brass (Muntz)

AVAILABLE DESIGNS						
MODEL #	QTY	FRAME MOUNT	QTY	PEDESTAL MOUNT	QTY	2.5" WIDE BOX
ES1 (Emergency Stop Station)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ES2 (Emergency Start Only Station)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ES3 (Emergency Stop & Start Station)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



NOTES: