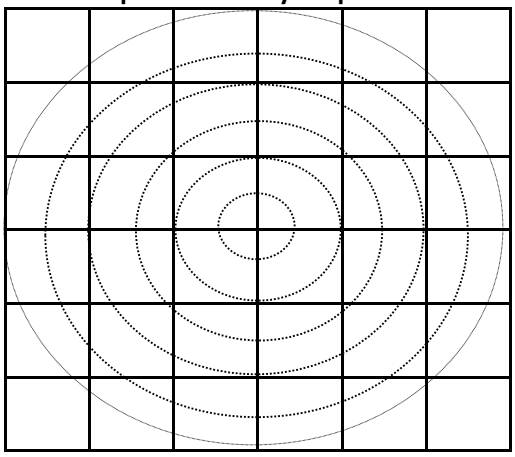
armacell

RFQ Form

Use this space to draw your profile



Your Company Information

Company: _____
Address: _____
City: _____
State/Province: _____
Country: _____
Contact: _____
Phone #: _____
Fax #: _____
E-Mail: _____
Account type: _____
Agent: _____
FOB: _____
Funds: _____

Application/Notes:

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Profile Information:

Application

☐ Width	☐ ID	±	Critical?	☐ Y ☐ N
☐ Depth	☐ OD	±	Critical?	☐ Y ☐ N
	Wall	±	Critical?	☐ Y ☐ N
	Length	±	Critical?	☐ Y ☐ N
	Density	±	Critical?	☐ Y ☐ N
	Colour	±	Critical?	☐ Y ☐ N

Release Quantity _____
Est. Yearly Quantity _____
Cut-type _____

☐ Slit ☐ FR ☐ UV ☐ Modifier
☐ T-Seal ☐ Skinned

Cell Structure ☐ UF ☐ F M ☐ C ☐ VC
Pallet ☐ Std ☐ CHEP ☐ Floor Load
Pallet Max Height _____
Packaging ☐ Carton ☐ Other
Pieces/Carton _____

☐ Stretch Wrap
☐ Label on Part
☐ Label on Carton
☐ Certificate Required

Date: _____ **Submitted By:** _____

Armacell Canada Inc
153 Van Kirk Dr. Brampton, ON
TEL: 905-846-3666
www.armacell.us

Please forward RFQ via:

Tammy L Townsend
New Business Development - Custom
T: 800 387 3847 or 905 846 3666 ext 161405
E: tammy.l.townsend@armacell.com