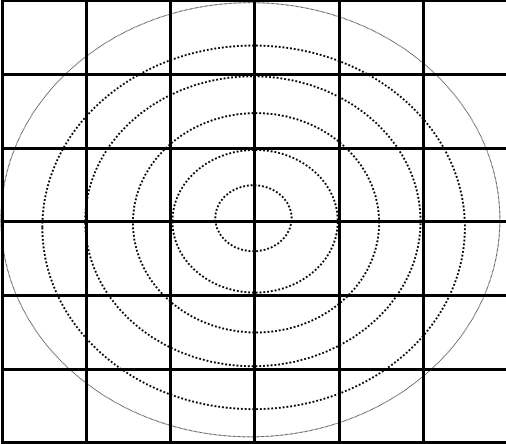




RFQ Form

Your Company Information

Use this space to draw your profile



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

Application/Notes:

Profile Information:

Application

<input type="checkbox"/> Width	<input type="checkbox"/> ID	\pm	Critical?	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Depth	<input type="checkbox"/> OD	\pm	Critical?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Wall	\pm	Critical?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Length	\pm	Critical?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Density	\pm	Critical?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Colour	\pm	Critical?	<input type="checkbox"/> Y <input type="checkbox"/> N
Release Quantity _____				
Est. Yearly Quantity _____				
Cut-type _____				
	<input type="checkbox"/> Slit	<input type="checkbox"/> FR	<input type="checkbox"/> UV	<input type="checkbox"/> Modifier
	<input type="checkbox"/> T-Seal	<input type="checkbox"/> Skinned		
Cell Structure	<input type="checkbox"/> UF	<input type="checkbox"/> F M	<input type="checkbox"/> C	<input type="checkbox"/> VC
Pallet	<input type="checkbox"/> Std	<input type="checkbox"/> CHEP	<input type="checkbox"/> Floor Load	
Pallet Max Height _____				
Packaging	<input type="checkbox"/> Carton <input type="checkbox"/> Other			
Pieces/Carton _____				
	<input type="checkbox"/> Stretch Wrap			
	<input type="checkbox"/> Label on Part			
	<input type="checkbox"/> Label on Carton			
	<input type="checkbox"/> Certificate Required			

Date: _____

Submitted By: _____

Armacell LLC - Conover, NC Plant
 1004 Keisler Road
 Conover, NC 28613
 TEL: 1-828-464-5880
www.armacell.us

Please forward RFQ via:

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 F: +1 919 741 5365
 E: jacky.g.price@armacell.com