

**Etched Metal Company**  
**Request for Quote**  
Please complete and fax to: 1-440-248-3556  
Call 1-800-383-0240 or 440-248-0240

Please complete the Request for Quote form and fax or email to us. Leave an area blank if you don't have that information or need to speak with us. Please attach a drawing if available.

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_

**Describe Project.** Please check one:  New Part  Revision  Reorder

Quantities  
(enter up to 5):

Dimensions (L X W) \_\_\_\_\_

Part Number (if known) \_\_\_\_\_

Your Purchase Order Number \_\_\_\_\_

<b>Process. Please check:</b> <input type="checkbox"/> Etched <input type="checkbox"/> Screen Printed <input type="checkbox"/> Anodized <input type="checkbox"/> Photo Etched	<b>Materials. Please Check:</b> <input type="checkbox"/> Aluminum <input type="checkbox"/> Brass <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Polycarbonate <input type="checkbox"/> Polyester <input type="checkbox"/> Vinyl Other _____ _____
Number of Colors _____	
<b>Surface Finishing. Please Check:</b> <input type="checkbox"/> Brushed <input type="checkbox"/> Selective Texture <input type="checkbox"/> Clear Coat <input type="checkbox"/> Mylar Overlamination <input type="checkbox"/> Anodized	<b>Fabricating. Please Check:</b> <input type="checkbox"/> Holes <input type="checkbox"/> Square Corner <input type="checkbox"/> Radius Corners <input type="checkbox"/> Rounded Corners Number of Holes _____ <input type="checkbox"/> Pressure Sensitive <input type="checkbox"/> Studs/Fasteners <input type="checkbox"/> Forming Other (describe) _____ _____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_