



*** TO ENSURE QUICK AND ACCURATE QUOTE PLEASE ANSWER ALL QUESTIONS ***



Vinyl Quote Sheet

| | | | | | |
|---|--|-----------------|--|---|---------------------------|
| Bid To: | | Contact: | | Job Name: | |
| Address: | | | | City: | State: Zip: |
| City: | | State: | | Zip: | |
| Phone: | | Fax: | | Project specs exist: YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | | | | Gerkin Windows specified YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Bid Gerkin Windows as a voluntary alternate: YES <input type="checkbox"/> NO <input type="checkbox"/> <small>If yes windows will be per Gerkin windows specifications</small> | | | | | |

| | | | | | | | | | |
|----------------------------|--|-----------------------------|--|------------------------------|--|-----------------------|--|---------------------------|--|
| Project start date: | | Project finish date: | | Number of deliveries: | | Building type: | | Number of stories: | |
|----------------------------|--|-----------------------------|--|------------------------------|--|-----------------------|--|---------------------------|--|

| | | | | | | | |
|--|-------------|--|--|---|--|--|--|
| Qty: | TAG: | WIDTH | HEIGHT | WINDOW SKETCH FROM EXTERIOR | | | |
| Model: | | _____ X _____ | | | | | |
| Color: | | R.O <input type="checkbox"/> | EXACT: <input type="checkbox"/> | | | | |
| Glass type: | | Operation: | | | | | |
| Nail Fin: select one: YES <input type="checkbox"/> NO <input type="checkbox"/> | | J-channel Needed: YES <input type="checkbox"/> "X" if needed | | Replacement pack YES <input type="checkbox"/> "X" if needed | | | |
| Reciever Needed: 1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/> | | Grille type needed: Rect <input type="checkbox"/> Contr <input type="checkbox"/> | | Brickmold needed: FLG <input type="checkbox"/> NOFLG <input type="checkbox"/> | | | |
| Ext jambs Needed: YES <input type="checkbox"/> "X" if needed | | Overall jamb depth | | Grille Pattern: NOTE1 STD: <input type="checkbox"/> PR: <input type="checkbox"/> PR1: <input type="checkbox"/> CUST: <input type="checkbox"/> | | | |
| | | Ext jamb type: | | | | | |

** If windows need to be quoted per project specs please include copy **

| | | | | | | | |
|--|-------------|--|--|---|--|--|--|
| Qty: | TAG: | WIDTH | HEIGHT | WINDOW SKETCH FROM EXTERIOR | | | |
| Model: | | _____ X _____ | | | | | |
| Color: | | R.O <input type="checkbox"/> | EXACT: <input type="checkbox"/> | | | | |
| Glass type: | | Operation: | | | | | |
| Nail Fin: select one: YES <input type="checkbox"/> NO <input type="checkbox"/> | | J-channel Needed: YES <input type="checkbox"/> "X" if needed | | Replacement pack YES <input type="checkbox"/> "X" if needed | | | |
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| Ext jambs needed: YES <input type="checkbox"/> "X" if needed | | Overall jmb depth | | Grille Pattern: NOTE1 STD: <input type="checkbox"/> PR: <input type="checkbox"/> PR1: <input type="checkbox"/> CUST: <input type="checkbox"/> | | | |
| | | Ext jamb type: | | | | | |

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|--|-------------|--|--|---|--|--|--|
| Qty: | TAG: | WIDTH | HEIGHT | WINDOW SKETCH FROM EXTERIOR | | | |
| Model: | | _____ X _____ | | | | | |
| Color: | | R.O <input checked="" type="checkbox"/> | EXACT: <input type="checkbox"/> | | | | |
| Glass type: | | Operation: | | | | | |
| Nail Fin: select one: YES <input type="checkbox"/> NO <input type="checkbox"/> | | J-channel Needed: YES <input type="checkbox"/> "X" if needed | | Replacement pack YES <input type="checkbox"/> "X" if needed | | | |
| Reciever Needed: 1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/> | | Grille type needed: Rect <input type="checkbox"/> Contr <input type="checkbox"/> | | Brickmold needed: FLG <input type="checkbox"/> NOFLG <input type="checkbox"/> | | | |
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| | | Ext jamb type: | | | | | |

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|---|---|-----------------------|
| Gerkin Windows & Doors P.O Box 3203 Sioux City IA. 51102 Phone: (402) 494-6000 (800) 475-5061 Fax: (402) 494-6765 | NOTE#1 GRILLE PATTERNS BELOW: STD: = GERKIN STANDARD, PR: = 2H2V 2 11/16 OFFSET PR1: = 1H2V 2 11/16 OFFEST, CUST: = PER SKETCH | PAGE OF |
|---|---|-----------------------|