

Duct Spacer Request for Quotation

INITIATED BY: _____ DATE: _____ QUOTE NEEDED BY: _____

NOTE: IT IS IMPERATIVE THAT ALL THE INFORMATION ON THIS FORM IS PROVIDED FOR US TO DESIGN A CUSTOM SPACER TO EFFECTIVELY MEET YOUR NEEDS, AND ALSO TO PROVIDE YOU WITH AN ACCURATE QUOTATION.

Customer Information (*Required Information)

Company _____

Address _____

City _____ State _____ Zip Code _____

Contact Name* _____ Title _____

Telephone* _____ Fax Number _____

Email Address* _____

Duct Terminator Information

“A” TYPE OF SPACER: _____
MC - MODULAR CAP
M - MODULE (Interlocking)
MB - MODULAR BASE (Interlocking)

“B” NOMINAL DUCT SIZE _____

“C” TYPE OF DUCT: _____
A - Plastic Duct, Iron Pipe
T - Bell Spec AT8546, Plastic Duct

“D” DUCTS PER TIER _____

“E” HORIZONTAL SEPARATION _____

“F” VERTICAL SEPARATION _____

QUANTITY _____

Other Pertinent Information: _____

