

Quote Form

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# FINISH SYSTEMS

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BUILDING LENGTH

BUILDING  
WIDTH

**LEGEND**

**X** = AIR OUTLET  
AT WORK HEIGHT

**CX** = AIR OUTLET AT  
CEILING

**HR** = HOSE REEL

**O** = COMPRESSOR

**NOTE:** ANY OBSTRUCTIONS

**PHOTOS ARE HELPFUL**

**COMMERCIAL OR RESIDENTIAL**

**NEW OR EXISTING** BUILDING

STEEL, WOODFRAME, OR **BLOCK** CONSTRUCTION

**SURFACE** MOUNTED OR IN **WALL** SYSTEM

COMPRESSOR OUTLET SIZE NPT

HAVE FILTER/REGULATOR AT COMPRESSOR **YES NO**

# OF PEOPLE USING AIR AT THE SAME TIME \_\_\_\_\_

BUILDING CEILING: **FINISHED FLAT** OR **TRUSS/PERLIN**

HANG MAIN PIPE FROM: **CEILING** OR **ON WALL**

AIR USE: **AUTOBODY FARM REPAIR MANUFACTURING HOBBY OTHER** \_\_\_\_\_

**MAXIMUM SCFM REQUIRED AT ANY ONE TIME:** \_\_\_\_\_

**FASTPIPE, MAXLINE, RAPIDAIR OTHER** \_\_\_\_\_

CEILING HEIGHT: \_\_\_\_\_

MAIN PIPING HEIGHT: \_\_\_\_\_

AIR OUTLET HEIGHT: \_\_\_\_\_

COMPRESSOR H. P. \_\_\_\_\_

**CUSTOMER CONTACT INFORMATION**

COMPANY: \_\_\_\_\_

NAME: \_\_\_\_\_

BILLING: \_\_\_\_\_

CITY, ST, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

