

Alumarail Residential Railing Systems - Quote Request Form

Date: _____ Sold to: _____ Contact: _____

Phone: _____ Fax: _____ Job Name: _____

Total Pages Faxed: _____

Ship to Address: _____

TOP RAIL:	BOTTOM RAIL:	RAIL HEIGHT:	STANDARD FINISH OPTIONS:
<input type="checkbox"/> Series 200 (Flat) <input type="checkbox"/> Series 999 (Elliptical) <input type="checkbox"/> Series 375 (Square) <input type="checkbox"/> Series 400 (Wood Cap)	<input type="checkbox"/> Series 100 (pickets) <input type="checkbox"/> Series 200 (glass & cable)	<input type="checkbox"/> 36" <input type="checkbox"/> 42" <input type="checkbox"/> Custom	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Brown
POST ATTACHMENT:	DECK RAIL INFILL:	PICKET SIZE:	PREMIUM FINISH OPTIONS:
<input type="checkbox"/> Deck Mount (Top Surface) <input type="checkbox"/> Fascia Mount (Side Mount)	<input type="checkbox"/> 1/4" Tempered Glass <input type="checkbox"/> 5/8" Square Picket <input type="checkbox"/> 1/8" Stainless Steel Cable	<input type="checkbox"/> 5/8" x 5/8"	Anodized <input type="checkbox"/> Clear <input type="checkbox"/> Bronze <input type="checkbox"/> Black Custom Color Match <input type="checkbox"/> Contact Customer Service

***Please use this box for basic layout drawing.**

***Please include stair location, stair width, and corners that are not 45° or 90°.**

Customer Signature: _____ **Date:** _____

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