Date: _____ Quote # _____

Contact Name:		Company Name:	
Company Address:			
Customer Type:	☐ Packaging	☐ Insulation	☐ Bedding ☐ Furniture
Phone:		Mobile:	
Email:		Fax:	

Product Information: Please attach drawing

Description:		
Dimensions:	Density:	Color:
Packaging Requirements:		
Special Materials:		
Do you have a sample?	☐ YES ☐ NO	
Projected Volume (specify UOM):		

For PTI Use ONLY

PTI Part Number:	
Description:	
Line Speed:	Regrind:
Area:	Piece Count:
Grams per ft:	Box:
Special materials:	
Die in House: ☐ YES ☐ NO	
Estimated Date of Sample Shipped to Customer:	

Notes:

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