

Request for Quote **Dialogue**

Rep Code:

	•	
Due Date:	Specifier:	
Project Name:	Drawing Format:	
HBF Sales Rep:	Project Size:	
Dealer:	Quantity:	
HBF CSR:	Ship to State/ZIP:	
Contract Type:		
Product Type:		
Chair Model Number:		
Ottoman Model Number:		
COM/COL:		
Graded Fabric or Leather:		
Base Finish:		
Flammability:		
Attachment: Please add attachment to email along with this form.		
Please refer to price lists published on HBF.co r	n for product specifics.	

Date:

4. Email directly to Design Services at HBFDS@hbf.com

For Internal Use Only

Date Request Received: Date Quote Completed: Completed By:

^{***} Please note: Immediately after completion of form please:

^{1.} Select Printer Option

^{2.} Save as Adobe PDF (on your desktop or elsewhere)

^{3.} Retrieve PDF saved version



Request for Quote Additional Information

For Internal Use Only

Date Request Received:

Date Quote Completed:

Completed By: