



Request for Quote  
**Social Seating**

Date: Rep Code:  
Due Date: Specifier:  
Project Name: Drawing Format:  
HBF Sales Rep: Project Size:  
Dealer: Quantity:  
HBF CSR: Ship to State/ZIP:

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Contract Type:  
Product Type:  
Model Number:  
Chair Type:  
Arm Cap COM/COL:  
Arm Cap Graded Fabric or Leather:  
Back COM/COL:  
Back Graded Fabric or Leather:  
Seat COM/COL:  
Seat Graded Fabric or Leather:  
Arm/Base Finish:  
Flammability:  
Attachment:

*Please add attachment to email along with this form.*

Please refer to price lists published on **HBF.com** for product specifics.

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

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| <b>For Internal Use Only</b><br>Date Request Received:<br>Date Quote Completed:<br>Completed By: |
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Request for Quote  
**Additional Information**

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**For Internal Use Only**

Date Request Received:

Date Quote Completed:

Completed By: