



Request for Quote
Scoop Seating

Date: 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:
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.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*

For Internal Use Only Date Request Received: Date Quote Completed: Completed By:
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Request for Quote
Additional Information

For Internal Use Only

Date Request Received:

Date Quote Completed:

Completed By: