



Request for Quote
Triscape Pouf

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:
Model Number:
COM/COL:
Graded Fabric or Leather:
Stitch Option:
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 Opti*
- 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: