



Request for Quote
Lens Occasional

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:
Top Finish:
Shelf Finish:
Base Finish:
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:



Request for Quote
Additional Information

For Internal Use Only

Date Request Received:

Date Quote Completed:

Completed By: