



**Request for Quote Form:  
Cadre Seating**

Date:

**Due Date:**

**Contact Information**

Dealer / Specifier:

Company Name:

Ship to State/Zip:

Phone:

Project Name:

Email:

Project Size:

HBF Sales Rep:

Project Type:

Rep Code:

Drawing Format:

HBF CSR:

Special Compliance:

Contract Type:

Product Type:

Quantity      Model Numbers for Cadre - Non wrap around arm

Model Numbers for Cadre - Wrap around arm

Channel Stitched Models - Non wrap around arm

Channel Stitched Models - Wrap around arm

**Back Upholstery**

**Arm Upholstery**

**Seat Upholstery**

**Flammability**

**Caster:**

HBF Textiles (if applicable)

COM / COL:

COM / COL Patterns of Color:

COM / COL Supplier:

Attachment

\*\*\* Immediately after completion of form:

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](mailto:HBFDS@hbf.com).

<p><b>For Internal Us</b></p> <p>Date Request Received:</p> <p>Date Quote Co</p> <p>Completed By:</p>
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**Request for Quote Form:  
Cadre Seating  
Additional Information**

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<p><b>For Internal Use Only</b> Date Request Received: Date Quote Completed: Completed By:</p>
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