



QUOTE REQUEST FOR METAL CURVING

Reference or Job Name: _____
Date Curved Metal Is Needed _____

Today's Date

FROM:	TO: SOUTHERN STRETCH FORMING
Company: _____ Contact: _____ Address: _____ City, ST, Zip: _____ Phone: _____ Fax: _____ E-mail address: _____	<input type="checkbox"/> TEXAS DIVISION 9070 Teasley Ln. Denton, TX 76210 <input type="checkbox"/> CALIFORNIA DIVISION 810 Kiernan Ave. Modesto, CA 95356 <input type="checkbox"/> COLORADO DIVISION 6773 E.50 th Unit B, Commerce City, CO 80022 <input type="checkbox"/> PENNSYLVANIA DIVISION 719 W. New Castle St. Zelenople, PA 16063 Pho: 888 308-0900 Fax: 888 406-6248

Attn: Cherry Stephens

Item #	Quantity required	Sketch with arrow toward inside radius OR <input type="checkbox"/> Drawing attached	Required Information Option 1		Required Information Option 2		Extrusion #, description or other
			Chord Length	Rise or Height	Chord Length	Radius <input type="checkbox"/> inside <input type="checkbox"/> outside	
1							
2							
3							
4							
5							

CURVING TERMS USED

