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(1-800-819-4344

604-952-4291

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Quote Request Form	Date:											
IAMA STORE/DEALER DECKST	AR CONTRACTOR CONS	UMER										
CONTACT NAME	PHONE NUMBER	EMAIL	FAX NUMBER									
STORE NAME / COMPANY NAME	I .		STORE NUMBER									
Project Information												
PROJECT NAME		CUSTOMER NAME										
PHONE NUMBER	EMAIL		FAX NUMBER									
SUBSTRATE DECK HEIGHT	EXISTING WALL/COLUMN/F	POST MEASUREMENTS	AILING TERMINATION									
☐ Wood ☐ Composite ☐ Inch	es Material	_	☐ Mounted to wall (wall brackets) ☐ On existing posts									
ls the Deck: ☐ Existing or ☐ Unbuilt Deck ☐ Ground Leve	Post SizeInches	1	☐ Free standing (use Regal posts)									
Select Product /Options												
Select Colour: White	Dial	row	ard (Incl) Yes Yes									
Stairs: Graspable R. Yes No Yes	ail: Number of Risers: Risel No	e Dimension: Number of Treads: Inches	Run Dimension: Diagonal Length:InchesInches									
☐ Satin Aluminum ☐ Into Wal	o Mount System (Start/Finish): I (Wall Bracket) □ Aluminum Po		Gate: □Yes □No									
Stairs: Material: Yes No Regal w/F Regal w/C Crystal R	Pickets	Inches	Run Dimension: Diagonal Length:InchesInches									
	eassembled Picket Panels	sts: Gate:]Surface Mount	LED Option (For Glass Only) ☐ Yes ☐ No									
Stairs: Yes No	Number of Risers: Rise Dime	nsion: Number of Treads: Run Di	mension: Diagonal Length:InchesInches									
QuickKit ADA Compliant Handrail. Fo Handrail Colour: Satin Aluminum	r Use On: How To Mount: Stairs Wallmount Ramp On Primary Ha Deck	Loop Return	PRTANT: Please clearly indicate on the drawing you are submitting where the ADA Railing is to be installed.									



STEP 1 Fill out above RFQ form



STEP 2 Complete a detailed

deck drawing



STEP 3

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004.050.4004

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Quote Request Form (Drawing)

	IAM A STORE/DEALER DECKSTAR CONTRACTOR CONSUMER																													
CONTACT NAME PHONE NUMBER										EMAIL									F	FAX NUMBER										
STORE NAME / COMPANY NAME										STORE NUMBER																				
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