

## **Custom Fireplace Quotation Form**

Please complete this form in full to allow us to provide a job quotation for your requested custom ORTAL fireplace.				DATE OF REQUEST
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PROJECT INFO	ORMATION			
Your name :			Project Name:	
Builder:			Architect/Designer:	
Dealer Name:			Phone:	
Dimensions:	Width	Height	Heat Barrier:	Protective Double Screen Glass
Fuel Type:	Natural Gas	Propane	Media Choice:	
ate Needed:			Power Vent	Inline 90
Project Street Address :			Needed:	Inline 180
City State/Province:				Flush horizontal termination
Country/Zipcode:				Vertical termination
PRODUCT SKET	гсн:			
		mar quo	nagement and design team tation for the requested m	Ortal custom fireplaces. The produc will provide a written custom project andel described above within SEVE of request. Please note that an Orta
Print Name	Signature	repr		directly should more information