

RFQ-Residential/Commercial Equipment & Customer Information

Please fill in all information and check all appropriate boxes to provide as much details as possible.

STEP 1 - DEALER/DISTRIBUTOR INFORMATION

Company Name _____		Date _____	
Service Net Acct No. _____		Contact _____	
Address _____			
City _____		State _____	Zip _____
Phone _____	Fax _____	Email _____	
If dealer is not enrolled, please provide:		Labor Rate _____	Service Call _____
Purchasing Thru	<input type="checkbox"/> OEM _____	<input type="checkbox"/> Dist _____	<input type="checkbox"/> Branded _____ <input type="checkbox"/> Other _____

STEP 2 - REQUESTED COVERAGE TERM TYPE

<input type="checkbox"/> Special Quote _____				<input type="checkbox"/> Labor w/ Parts Mark-up _____
<input type="checkbox"/> Parts & Labor _____	<input type="checkbox"/> Labor Only _____	<input type="checkbox"/> Parts Only _____	<input type="checkbox"/> Less Compressor _____	
<input type="checkbox"/> 31 st Day Start _____	<input type="checkbox"/> 91 st Day Start _____	<input type="checkbox"/> 366 th Day Start _____	<input type="checkbox"/> 6 th Year Start _____	
<input type="checkbox"/> 1-Year Coverage _____	<input type="checkbox"/> 3-Year Coverage _____	<input type="checkbox"/> 5-Year Coverage _____	<input type="checkbox"/> 10-Year Coverage (Residential Only) _____	

STEP 3 - DESCRIPTION OF EQUIPMENT

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Process
<input type="checkbox"/> New	<input type="checkbox"/> Existing	If Existing, Please Provide Install Date _____	
<input type="checkbox"/> HVAC	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Food Service <input type="checkbox"/> Other _____

STEP 4 - EQUIPMENT TYPE

Component Pricing System Pricing

CONDENSER OEM Coverage (year/month) _____ <input type="checkbox"/> HP Parts _____ <input type="checkbox"/> AC Labor _____ <input type="checkbox"/> Water Source Compressor _____ <input type="checkbox"/> Mini Split _____ <input type="checkbox"/> Dual/Multi Circuit Qty _____ Seer _____ Tonnage _____	FURNACE OEM Coverage (year/month) _____ <input type="checkbox"/> Electric Parts _____ <input type="checkbox"/> Oil Labor _____ <input type="checkbox"/> Gas Ht Exch _____ <input type="checkbox"/> Variable Speed _____ <input type="checkbox"/> 2 Stage _____ <input type="checkbox"/> Hi-Efficiency _____ BTU _____ Qty _____	AIR HANDLER OEM Coverage (year/month) _____ <input type="checkbox"/> Variable Speed Parts _____ <input type="checkbox"/> 2 Stage Labor _____ <input type="checkbox"/> Heat Strips Coil _____ <input type="checkbox"/> DX _____ <input type="checkbox"/> Hydronic _____ Tonnage _____ Qty _____ CFM _____
PACKAGE UNIT OEM Coverage (year/month) _____ <input type="checkbox"/> Gas Parts _____ <input type="checkbox"/> AC Labor _____ <input type="checkbox"/> HP Ht Exch _____ <input type="checkbox"/> Water Source Compressor _____ <input type="checkbox"/> Hi-Efficiency _____ <input type="checkbox"/> Variable Speed _____ <input type="checkbox"/> Dual/Multi Circuit Qty _____ Seer _____ Tonnage _____	BOILER OEM Coverage (year/month) _____ <input type="checkbox"/> Gas Parts _____ <input type="checkbox"/> Oil Labor _____ <input type="checkbox"/> Condensing Ht Exch _____ <input type="checkbox"/> Modulating _____ <input type="checkbox"/> Tankless _____ BTU _____ Qty _____	HOT WATER HEATER OEM Coverage (year/month) _____ <input type="checkbox"/> Gas Parts _____ <input type="checkbox"/> Electric Labor _____ <input type="checkbox"/> Oil Tank _____ <input type="checkbox"/> Tankless _____ <input type="checkbox"/> Modulating _____ <input type="checkbox"/> Indirect _____ <input type="checkbox"/> Power Vented Qty _____ BTU _____ Gallons _____
CHILLER OEM Coverage (year/month) _____ <input type="checkbox"/> Recip Parts _____ <input type="checkbox"/> Screw Labor _____ <input type="checkbox"/> Centrifugal Compressor _____ <input type="checkbox"/> Dual/Multi Circuit _____ Tonnage _____ Qty _____	Notes/Special Comments _____ _____ _____ _____ Submitted By _____ Phone _____	



PLEASE FAX ALL INQUIRIES TO 630-325-7126