

Quote Request Form

Date: _____

I AM A STORE/DEALER DECKSTAR CONTRACTOR CONSUMER

CONTACT NAME	PHONE NUMBER	EMAIL	FAX NUMBER
STORE NAME / COMPANY NAME			STORE NUMBER

Project Information

PROJECT NAME	CUSTOMER NAME
PHONE NUMBER	EMAIL
	FAX NUMBER

SUBSTRATE	DECK HEIGHT	EXISTING WALL/COLUMN/POST	MEASUREMENTS	RAILING TERMINATION
<input type="checkbox"/> Wood <input type="checkbox"/> Composite <input type="checkbox"/> Concrete Is the Deck: <input type="checkbox"/> Existing or <input type="checkbox"/> Unbuilt Deck	_____ Inches <input type="checkbox"/> Ground Level	Material _____ Post Size _____ Inches	<input type="checkbox"/> Inside to Inside <input type="checkbox"/> Centre to Centre <input type="checkbox"/> Includes the post/column	<input type="checkbox"/> Mounted to wall (wall brackets) <input type="checkbox"/> On existing posts <input type="checkbox"/> Free standing (use Regal posts)

Select Product /Options

Regal ideas	Select Color: <input type="checkbox"/> White <input type="checkbox"/> 36"H <input type="checkbox"/> 42"H <input type="checkbox"/> 60"H <input type="checkbox"/> Black <input type="checkbox"/> 36"H <input type="checkbox"/> 42"H <input type="checkbox"/> 60"H <input type="checkbox"/> Textured Black <input type="checkbox"/> 36"H <input type="checkbox"/> 42"H <input type="checkbox"/> Yard Bronze <input type="checkbox"/> 36"H <input type="checkbox"/> 42"H <input type="checkbox"/> Taupe <input type="checkbox"/> 42"H	Pickets (Infill): <input type="checkbox"/> Narrow <input type="checkbox"/> Wide <input type="checkbox"/> Decorative Tempered Glass <input type="checkbox"/> Panels <input type="checkbox"/> 7.25" Picket Panels	Stairs (Infill): <input type="checkbox"/> Narrow Pickets <input type="checkbox"/> Wide Pickets <input type="checkbox"/> Glass	Posts: <input type="checkbox"/> 2 1/4" x 2 1/4" <input type="checkbox"/> 4" x 4" <input type="checkbox"/> Both <input type="checkbox"/> Fascia Mount (2 1/4" Only)	Post Caps: <input type="checkbox"/> Standard (Incl) <input type="checkbox"/> Tower <input type="checkbox"/> Ball <input type="checkbox"/> Pyramid	Gate: <input type="checkbox"/> Yes <input type="checkbox"/> No	LED Option: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Stairs: <input type="checkbox"/> Yes <input type="checkbox"/> No Graspable Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Risers: _____ Rise Dimension: _____ Inches Number of Treads: _____ Run Dimension: _____ Inches Diagonal Length: _____ Inches						

Crystal Rail	Color Mounting Base: <input type="checkbox"/> Satin Aluminum	Select How To Mount System (Start/Finish): <input type="checkbox"/> Into Wall (Wall Bracket) <input type="checkbox"/> Aluminum Post	Finished Height: <input type="checkbox"/> 42" H <input type="checkbox"/> 50" H <input type="checkbox"/> 62" H	Gate: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Stairs: <input type="checkbox"/> Yes <input type="checkbox"/> No Material: <input type="checkbox"/> Regal w/Pickets <input type="checkbox"/> Regal w/Glass <input type="checkbox"/> Crystal Rail (works only with 35 degree stair angle)	Number of Risers: _____ Rise Dimension: _____ Inches Number of Treads: _____ Run Dimension: _____ Inches Diagonal Length: _____ Inches		

urbanrail	Select Color: <input type="checkbox"/> Textured White - 42"H <input type="checkbox"/> Textured Black - 42"H	In-fill Options: <input type="checkbox"/> Preassembled Picket Panels <input type="checkbox"/> Tempered Glass	Posts: <input type="checkbox"/> Surface Mount <input type="checkbox"/> Fascia Mount	Gate: <input type="checkbox"/> Yes <input type="checkbox"/> No	LED Option (For Glass Only) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Stairs: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Risers: _____ Rise Dimension: _____ Inches Number of Treads: _____ Run Dimension: _____ Inches Diagonal Length: _____ Inches				

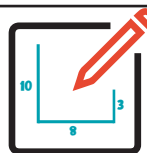
QuickKit	QuickKit ADA Compliant Handrail. Handrail Color: Satin Aluminum	For Use On: <input type="checkbox"/> Stairs <input type="checkbox"/> Ramp <input type="checkbox"/> Deck	How To Mount: <input type="checkbox"/> Wallmount <input type="checkbox"/> On Primary Handrail	Handrail Ending: <input type="checkbox"/> Loop Return <input type="checkbox"/> Wall Mount <input type="checkbox"/> Straight End Cap (HEC)	IMPORTANT: Please clearly indicate on the drawing you are submitting where the ADA Railing is to be installed.
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STEP 1
Fill out above RFQ form



STEP 2
Complete a detailed deck drawing



STEP 3
quotes@regalideas.com
-or- FAX: 604-952-4291



Date: _____

Quote Request Form (Drawing)

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[Large grid area for drawing]																													
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