

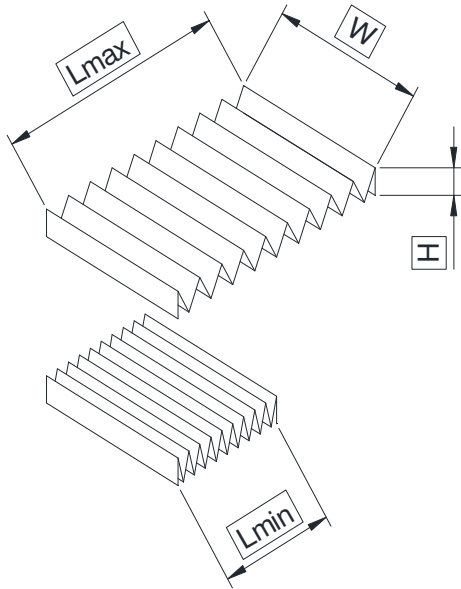


**CUSTOM QUALITY MANUFACTURING, INC.**

5015 TAMPA WEST BLVD, TAMPA, FL 33634  
 PHONE: 813.290.0805 FAX: 813.290.0607  
 TOLL FREE USA/CANADA/MEXICO - PHONE: 1.800.932.0104 FAX: 1.800.931.0140  
 EMAIL: [sales@cqm-inc.com](mailto:sales@cqm-inc.com)

**QUOTE / ORDER FORM  
 PLEATED COVER CONFIGURATION**

Unit of Measure:  Metric  English



Provide Detail on End Attachment Option

1. Metal Plate
2. PVC Plate
3. Velcro
4. Others

WIDTH OF COVER (W)		MAXIMUM OPEN LENGTH OF COVER (Lmax)	
HEIGHT OF FOLD (H)		MINIMUM CLOSED LENGTH OF COVER (Lmin)	

**BASIC INFORMATION:**

Requirements:  Normal, dust, dirt and moisture  Others: Oil, chemicals  Others: Type: \_\_\_\_\_  
 Heat application - Temperature range: \_\_\_\_\_  Welding application – How far from head: \_\_\_\_\_  
Installation:  Horizontal  Vertical  Incline  Others: \_\_\_\_\_  
Bellow Type:  Sewn  Lami-Guard Bellow material: \_\_\_\_\_ Guide material: \_\_\_\_\_  
Accessories:  Metal Plate  PVC Plate  Velcro  Others: \_\_\_\_\_  
 Provide drawings for plates and guides: \_\_\_\_\_

**NOTES:** Attach additional notes and drawings if needed:  Yes  No

**CONTACT INFORMATION:**

Date: \_\_\_\_\_ P.O # \_\_\_\_\_ CQM# \_\_\_\_\_ Quantity: \_\_\_\_\_ Delivery Date: \_\_\_\_\_  
 Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Deliver to: \_\_\_\_\_  
 \_\_\_\_\_ Request for Quote/Order by: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_