

Please fill in the dimensions on the diagram, write or circle the answers to the questions, then FAX the completed form to 281-354-2502. We'll contact you with an estimate and an installation schedule. Please call 281.354.1505, if you have any questions.

Store/Company Name:			Store No:				
Address:	City:		ST: _	Zi	Zip:		
Phone: Fax:							
Store Manager:							
1. Store Type: Existing: New Constr	uction:						
2. Total number of operating Units:							
3. Number of Units OGR will be installed:							
4. Number of Service Bays per Store:							
5. What covering/coating is on the existir	g floor in the						
Ubay (Upper Bay):							
OLR (Office/Lobby/Restroom):							
6. Which Color(s) do you want in the:							
UBay: Red Black Gray	/ Yellow Blue						
OLR: Red Black Gray	/ Yellow Blue						
7. Which profile(s) do you want in the:			- 				
UBay: Raised-Squares	Sculptured-Flat						
OLR: Raised-Squares	Sculptured-Flat						
8. Which layout do you want:							
All One Color Multiple Co	lors						
9. Approximate Installation Date:					11		
10. Is there any of the following?					-		
a. Metal Plate	Yes No						
b. Basement	Yes No						
c. Open Grate	Yes No						
d. Vending Machines in UBays	Yes No						
e. Vending Machines in OLR	Yes No						
f. Heat in the Bays	Yes No		P11	Γ L x	w		
11. Can you receive material into the store	? Yes No		1				
(10 sq ft of area required; 15 min to							
If Yes, is shipping address same as above					$\left  \right $		

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