

PBS PLASTICS, INC. QUICK RESPONSE TUBE QUOTE FORM

To help us furnish you with the most accurate price quote, please complete this form with as much information as possible and either fax or mail it to us. Our sales staff is available to answer any questions you might have regarding the requested information.

Please Note: The information you send is solely for the use of PBS Plastics, Inc. to provide you a price quote and will NOT be released to anyone else.

CONTACT INFORMATION (Please type or print clearly)

Name:	Position (i.e., purchasing, engineering, research and development):
Company Name:	Company Address:
City:	Company Phone (include area code):
State/Providence:	Fax (include area code):
Zip/Postal Code:	E-Mail:

MATERIALS SECTION

Select Material to be Used (check one):

Virgin Reprocessed Regrind
 Does not matter Do not know

Type of Material (check one):

ABS HDPE Polycarbonate
 Acetate LDPE Polystyrene
 Acrylic MDPE PVC Rigid
 Butyrate Pet G PVC Flexible
 Other

If "Other", Specify Type of Material:

Does the Material Need to Meet Any Requirements (check one):

Yes No

If "Yes", Choose One of the Following Requirements:

UV UL94 FDA Other

Color Choice:

Clear Natural Black
 Does Not Matter Other

If "Other", Specify Color:

Does the Color Need to be Matched (check one):

Yes No

TUBE INFORMATION

Note: At least two of these factors (outside or inside dimensions/wall thickness/length) are needed to quote your tube.

Outside Dimension:

Outside Dimension Tolerance (check one): +or - .005" +or- .010" Other

If "Other", Specify Outside Dimension Tolerance:

Inside Tolerance (check one): +or- .005" +or- .010" Other

If "Other", Specify Inside Dimension Tolerance:

Wall Thickness:

Wall Thickness Tolerance (check one): +or- .005" +or- .010" Other

If "Other", Specify Wall Thickness Tolerance:

Length:

Length Tolerance (check one): +or- 1/16" +or- 1/8" +or- 1/4" Other

If "Other", Specify Length Tolerance:

Quantity:

Order Frequency (check one): Monthly Quarterly Annually

PACKING REQUIREMENTS

Briefly Describe any Packaging Requirements:

MISCELLANEOUS

Is there any other additional information you think we will need?

THANK YOU for taking the time to complete our form and choosing **PBS Plastics**. You can either fax or mail this form to us:

PBS PLASTICS, INC.
219 Old Concord Turnpike
Barrington, NH 03825

Phone: 1-800-942-7170 or
(603) 868-1717
Fax: (603) 868-2929

E-Mail: sales@pbsplastics.com

Business Hours: 8 a.m. – 5 p.m. (EST)
Monday – Friday (excluding holidays)