

**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)

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

**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:** 1-888-804-9641 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)