



Quote Request Form

Information:

Business Name:

Contact Name:

email:

phone:

fax:

Mailing Address:

City:

State:

Zip:

Job Name:

Please select the items you would like quoted:

Angle Power Strip

<input type="checkbox"/>	AP Series
<input type="checkbox"/>	TR Series

Above Sink

<input type="checkbox"/>	4" Cree LED Cans
<input type="checkbox"/>	3" Low Voltage Recessed Cans
<input type="checkbox"/>	Xenon Light Bars

Undercabinet Lighting

<input type="checkbox"/>	Sempria LED UC Series
<input type="checkbox"/>	Luche Xenon
<input type="checkbox"/>	Xenon Light Bars
<input type="checkbox"/>	Fluorescent

Recessed Cans

<input type="checkbox"/>	LED Cans
<input type="checkbox"/>	Incandescent Cans
<input type="checkbox"/>	Fluorescent Cans

Above Cabinet & Toe Space

<input type="checkbox"/>	Sempria LED TS Series
<input type="checkbox"/>	Luche TS Series Xenon
<input type="checkbox"/>	Incandescent Rope Light

Other

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Interior Cabinet

<input type="checkbox"/>	Sempria LED TS Series
<input type="checkbox"/>	LED Puck Lights
<input type="checkbox"/>	12 Volt Mini-Track
<input type="checkbox"/>	Xenon Puck Lights

*Fax this form to 308-234-9401
or email to brandi@tasklighting.com
Include a floor plan, elevations and/or
any necessary measurements.*