EXTRUSION	FINISH	CONTROLLER	DIFFUSER	COLOR	WATTAGE	GRADE	MOUNTING	SIZE
				27 Warm 2700K				
A Angled				30 Neutral 3000K	S 1.5W/FT.			
C Curved	S Satin Nickel	N None		35 Neutral 3500K	H 3W/FT.			
E Recessed	B Black	D Dimmer Only		48 Cool 4800K	V 4.4W/FT.	"C" Has a 5-year commercial grade warranty "E" Has a 2-year warranty		Length in inches. 4" is the smallest cut allowed. If less than 10", leave first digit blank. Finished product will be the requested length with end caps installed.
R Rounded	W White*	S 30 Sec. Dimmer/ Motion	C Clear	65 Daylight 6500K	U 5.5W/FT.			
S Square	D Dark Cherry*	M 3 Min. Dimmer/ Motion	F Frosted	RE Red**	4 12VDC COB 4.4W/FT.	C 5 YEAR Commercial	U U-Clips[1]	
F Flush	M Maple*	O 30 Min. Dimmer/ Motion	M Milk	BL Blue**	5 24VDC COB 5.5W/FT.	E EquiLine	M Magnetic[2]	

Blank if whole number

1/16" =	A
1/8" =	B
3/16" =	C
1/4" =	D
5/16" =	E
3/8" =	F
7/16" =	G
1/2" =	H
9/16" =	I
5/8" =	J
11/16" =	K
3/4" =	L
13/16" =	M
7/8" =	N
15/16" =	O

** Available in angled, curved and square extrusions only*
*** Available in 1.5W or 3W FlexTape® only*

1 For use on curved, round and square extrusions only
2 For use on curved and square extrusions only

NOTE: *Controller not available with flush profile. Not all tapes available in EquiLine option.*

ORDER FORM

INFINEX CUSTOM RFQ FORM

Fax or email completed form to (502) 491-2215 or customquotes@trescolighting.com

Date _____/_____/_____

Name _____

Company _____

Account # (if established) _____

Phone Number _____

Fax _____

Email _____

Custom Fixture Terms Acceptance:

I hereby submit this RFQ and by doing so agree to the terms found within concerning cancellation and change-order policy.

_____
Name/Signature (Distributor)

_____
Name/Signature (Customer)

Cancellation or Change Orders:

Unless agreed upon by manufacturer with customer/distributor, orders cannot be canceled or decreased without penalty once manufacturing has started. All finished goods to that point will be billed at the quoted price. If raw material was specifically procured for the job or passed the "cut" stage the remaining or cut material will be billed at the adjusted rate as a percentage of the quoted finished good.

Please create your custom fixture part number and then answer the following:

Project Name/Reference _____

Part Number (From front) _____

Date Material Would be Required _____/_____/_____

Order Qty. _____ Est. Annual Volume _____

❑ Single Shipment

❑ Blanket Order

If Blanket order, _____ pieces per release

over what time period:_____

Packaging:

❑ Individually boxed

❑ Bulk Pack

Any other special requirement please note below:

_____

_____

Bulk Pack Note

Bulk pack consists of light in plastic sleeve layered within master carton. If U-Clips are chosen those will be packaged separately in bulk (and quoted separately).

FOR OFFICE USE ONLY: Quote #:_____

Final Part #1:_____Min. Order Qty._____ Price:_____

Final Part #2:_____Min. Order Qty._____ Price:_____

Lead-Time for manufacturing:_____

Freight Terms:_____

Quote Expiration:_____

Quote issued by:_____ Date_____/_____/_____

Quote Accepted by:_____