

REQUEST FOR QUOTATION

**CLEARFLEX STATIONARY
 SURVEY SHEET**

Date: _____

Telephone: Toll free 1-800-263-8334 Fax: (905) 528-8128 E-mail: info@sopers.com

Company name: _____
 Address: _____
 Contact: _____
 Telephone #: _____
 Fax #: _____
 E-mail: _____



Will the strip curtain be used as an

- Interior door or an Exterior door

What is the purpose of the strip curtain? Control of:

- Welding / Grinding Fumes/Dust Cooler or Freezer Noise
 Temperature - What is the Temperature? _____ Other (Please Specify) _____

What kind of traffic will be passing through the strip curtain?

- Pedestrian Hand cart Tow motor Vehicle (specify) _____

Will traffic volume be: Light Heavy

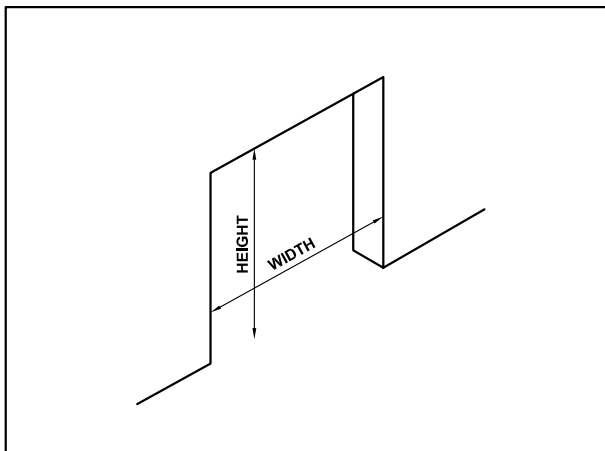
Note:

All fastening hardware for mounting to building structure shall be supplied by the customer.

OPTIONAL

Fastening Surface (If mounting hardware supplied by Soper's)

- Steel Block Wall Brick Wood Other _____



OPENING SIZE

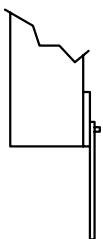
Opening Width: _____

Opening Height: _____

Special Instructions:

MOUNTING OPTIONS

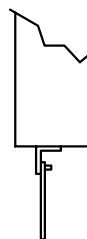
Please check appropriate options



A

Wall face mount

Used to mount strips above opening on wall face.



B

Lintel/ceiling mount

Used to mount strips inside opening or on ceiling.