



Channel Letter Quote Request

Company Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

1160 W 16th Street
Indianapolis IN 46202
317-257-1869

Project Information

Project Reference Name: _____

Project Location: _____

Completion Date: _____ Purchase Order #: _____

Notes:

Work Description

Letter Type: circle Front Lit Reverse Lit (Halo) Front & Reverse Lit

Font: circle Block Serif Script

Overall Letter Height: _____ Overall Letters Width: _____

Sign Text: _____

Letter Format: All Caps Mixed Cases

Lit or Non Lit Letters Lit Non-Lit

Installation Type: Flush Mount Raceway Raceway Color: _____

Letter Face Material: Standard Acrylic Standard Vinyl Digital Print

Return Color: _____ Trim Cap Color: _____

Logo Box Yes No

Ship: No Yes Ship to Zip: _____

Survey and Install Required

Location Address: _____

Business Name: _____

Onsite Contact Person: _____

Date Location will be ready: _____