



REQUEST FOR QUOTE - WALK IN

Please fill out this entire document. Do not leave any spaces blank. Check off (1) response to each question.

REQUESTED BY: _____

PROJECT: _____

LOCATION: _____

WALK-IN

TYPE: ☐ Cooler ☐ Freezer ☐ Combo ☐ Reach-In

LOCATION: ☐ Indoor ☐ Outdoor - **Durolast:** ☐ Yes ☐ No

SIZE: _____ Width X _____ Length X _____ Height (Overall)

COMBO: Cooler - _____ W X _____ L X _____ H

Freezer - _____ W X _____ L X _____ H

PANEL CONSTRUCTION

WALLS: ☐ Standard - 4" Thickness ☐ Other - _____

CEILING: ☐ Standard - 4" Thickness ☐ Other - _____

FLOORING

COOLER: ☐ Yes ☐ No

FREEZER: ☐ Yes ☐ No

FINISH: _____

THICKNESS: ☐ Standard - 4"

☐ Other - _____

RAMP INCLUDED: ☐ Yes - ☐ Interior ☐ Exterior
☐ No

METAL FINISH

INTERIOR: _____

INTERIOR CEILING: _____



EXTERIOR CEILING: _____

EXPOSED EXTERIOR: _____

UNEXPOSED EXTERIOR: _____

DOORS

QUANTITY: _____

SIZE: _____

HINGE: ☐ Left ☐ Right

FINISH: _____

WINDOW: ☐ Yes - Quantity: _____, ☐ 14" x 14" ☐ 14" x 24"
☐ No

KICKPLATE: ☐ Yes - Finish: _____, ☐ Interior ☐ Exterior ☐ Both
☐ No

STRIP CURTAIN: ☐ Yes - Quantity: _____
☐ No

LIGHTING

ROUND LED LIGHT: ☐ Yes - Quantity: _____
☐ No

4' LED LIGHT: ☐ Yes - Quantity: _____
☐ No

ACCESSORIES

ENCLOSURE PANELS: ☐ Yes - Size: _____
☐ No

EQUIPMENT

REFRIGERATION: ☐ Yes ☐ No

AMBIENT TEMPERATURE: _____

BOX TEMPERATURE: _____ Cooler

_____ Freezer

BRAND: ☐ Turbo Air ☐ Heatcraft ☐ Russel ☐ Infinity

PHASE: ☐ Single Phase ☐ Three Phase

Please return this form and attach any additional information or plans as needed.