OptiGrip Request for Quote Form

Fill the form below and submi "h

Contact Informatio	n:
Name	
Company Name	
Phone	Ext
[mail	



opti@millardmetals.com

	none Ext mail				Voice 800-662-4262 Fax 402-331-8012					
EIIIaII										
Billing: Address1 Address2 City, ST Zip				Ship to: (Check if same as Billing) Address1 Address2 City, ST Zip						
Style: K -12 ga SS F -14 ga SS				Refer to <u>www.optigripwalksurface.com</u> for specifications.						
Item No.	Qty	Width	Length	End Cap Style	Step Edge	Passivate	Welded Rods	Price Each	Price Ext.	
1.										
2.										
3.										
4.										
5.										
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16. 17.										
18.										
19.										
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	Total									
			Notes:							