Contact

Company

Address

City State Zip

Emailed

Phone

February 5, 2016

**Quote Request Hercules Masking Paper Rolls and Sheets**

|  |  |
| --- | --- |
| **Customer** | **Where will this Ship** |
|  |  |

**If possible get Rep and End User**

|  |  |
| --- | --- |
| **Distributor Sales Representative** | **End User** |
|  |  |

**Rolls**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quantity** | **Roll Width** | **Grade**  **25# \ 5#**  **Natural Kraft** | **Roll Footage or Weight** | **Normal Core Size 3”** | **Rolls Per Pallet** | **Other Info** |
|  |  |  |  |  |  |  |

Please Tab through to enter new row. Product is FDA Approved

**Sheets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quantity** | **Length** | **Width** | **Grade**  **25# \ 5#**  **Natural Kraft** | **Bundles \ Skid Packed, Etc** | **Quantity to be Packed** | **Other Info** |
|  |  |  |  |  |  |  |

Please Tab through to enter new row. Product is FDA Approved

Freight Please answer yes on correct ship too information.

|  |  |
| --- | --- |
| Prepaid with Stock |  |
| Drop Ship Collect |  |
| Drop Ship Third Party |  |

Special Questions

Core Size

Special needs on packaging