



Phone: 416-691-4511
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SIGN BOX QUOTE FORM

[one sign box per form please]

Date:
Quote valid 30 days from above date
Company:
Address:
City: Postal Code:
Contact:
Phone:
Fax:
Email:

Sign Box Details

Face Material: [] Flexface [] Acrylic [] Lexan
Sides: [] Single-sided [] Double-sided
Face colour: [] White or other:
Length & Height:
Projection:
Radius:
Lighting required: [] Yes [] No If yes, number of rows =

Artwork Details

Art supplied: [] Yes [] No [] Supplied by StreetSide [by quote]
Description:

Installation Details

Electrical: [] Hook-up by customer [] To be supplied by StreetSide
Lamps required: [] Yes [] No If yes, number of lamps [on 12" centres] =
Installation required: [] Yes [] No [shipping only]
Installation address:
Major intersections:
Site check required: [] Yes [] No If yes, scheduled date:
Police [if required]: [] Yes [] No If yes, cost is extra and will be quoted separately.
Disposal of existing: [] Yes [] No If yes, cost is extra and will be quoted separately.
Rush delivery extra: [] Yes [] No If yes, cost is extra and will be quoted separately.
Additional info:

Approval

TOTAL: \$ + applicable taxes
Deposit paid: \$
Date:
Signature:
Print Name:

Authorized signature and 50% deposit required for confirmation of order. Please sign and fax back.