

# Custom Table and Chairs Worksheet

**Job Name:** \_\_\_\_\_

Picture/Drawing Provided: \_\_\_\_\_

**Products/Items**

Table length: \_\_\_\_\_ width: \_\_\_\_\_

Captain's Chair (with arms) quantity: \_\_\_\_\_

Side Chair (no arms) quantity: \_\_\_\_\_

Other: \_\_\_\_\_

**Wood Type**

Walnut  Alder

Maple  Birch

Other: \_\_\_\_\_

**Table Top Material**

Solid wood

Wood veneer and hardwood edge

Laminate overlay and hardwood edge

Other: \_\_\_\_\_

**Table Legs/Support Preference**

Legs, number \_\_\_ specify type: \_\_\_\_\_

Pedestal(s), number \_\_\_ specify type: \_\_\_\_\_

Cross brace (stretcher)

Other: \_\_\_\_\_

**Table Legs/Support Material**

Same as top  Steel  Aluminum

Other: \_\_\_\_\_

**Special Instructions**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Chair Padding**

None

Seats

Seats and backs

Other: \_\_\_\_\_

**Wood Finish**

Stain with clear coat, specify color: \_\_\_\_\_

Clear finish only

Other: \_\_\_\_\_

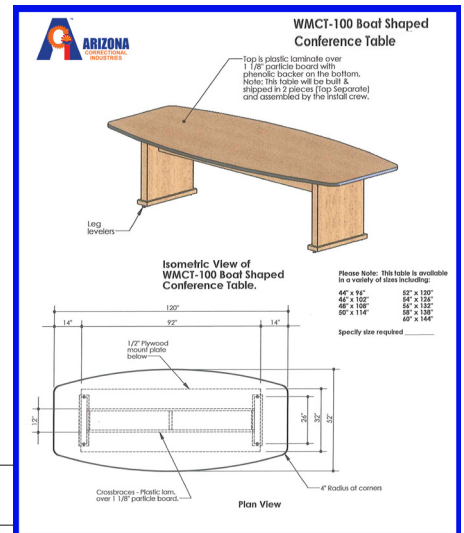
**NOTES:**

Once we know this information we should be able to give you a rough estimate.

We generally do a drawing based on the answers to the basic requirements listed here so you can see what we have in mind.

Then you can make adjustments based on the drawing and a revision will be drawn (if necessary). There is no cost to do the initial drawing and a revision.

The final cost will be determined once the final drawing has been approved by you and all the materials, as per your specifications, have been priced.



# Quote Request

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Purchase Order: \_\_\_\_\_  
 Company: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Bill to** (Check here \_\_\_ if same as above.) Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Ship to** (Same as top address \_\_\_ Bill to \_\_\_ above.) Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Item Code	Description	Size/Color	Line Price	Qty	Line Total

See attached Worksheet for order details.

By signing below, I am certifying that I am an authorized purchasing agent for the above named company.

Authorized Signature: \_\_\_\_\_

Subtotal	
Sales Tax 8.6%	
Freight	
Total	



*Please sign completed Quote Request  
and email to sales@aci.az.gov*