

CENTER STAGE PRODUCTIONS BARRICADES LTD.

REQUEST A QUOTE

Size up your next job and we'll provide an estimate.

Simply fill out the form below and FAX it to **973-423-6000** to request a quotation for Installation and/or Removal services.

Mall Information

Mall name	<input type="text"/>	Developer	<input type="text"/>
Mall address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		ZIP	<input type="text"/>
Mall contact Name	<input type="text"/>		
Mall contact Phone	<input type="text"/>		
Mall contact E-mail	<input type="text"/>		

Job Location Information

Space Number	<input type="text"/>	Floor Level	<input type="text"/>
Current store Name	<input type="text"/>	Incoming Store name	<input type="text"/>

Mall Security Information

Contact name	<input type="text"/>	Contact phone	<input type="text"/>
Contact e-mail	<input type="text"/>		

Billing Information

Bill to	<input type="text"/>	Contact name	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		ZIP	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
E-mail	<input type="text"/>	Your PO#	<input type="text"/>

Installation Request

**** You need to fill out this installation section or the take down section below**

Installation window	First possible date**	<input type="text"/>	Last possible date**	<input type="text"/>
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Length of Returns	Left (feet)**	<input type="text"/>	Length (feet)**	<input type="text"/>	Right (feet)**	<input type="text"/>	Total linear Footage**	<input type="text"/>
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Height of Walls	Height (feet)**	<input type="text"/>
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Dust Cover**	Yes	<input type="text"/>	No	<input type="text"/>
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Graphics**	Yes	<input type="text"/>	No	<input type="text"/>	If Yes please Provide details	<input type="text"/>
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Single Door(s) Location	<input type="text"/>	Double Door(s) Location	<input type="text"/>
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Takedown Request

**** You need to fill out this installation section or the installation section above**

Takedown Window	First possible date**	<input type="text"/>	Last possible date**	<input type="text"/>
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Other Requests	<input type="text"/>
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Note: You will be faxed a Proposal based on the space number specifications and the information supplied on this form. Please review carefully and submit the form. Your walls will be installed on the date noted on the Proposal. PLEASE FAX or E-MAIL CUSTOM REQUIREMENTS, i.e. HINGED WALLS, 4 X 8 DOOR, 8 X 8 DOOR, LIGHT BOXES, WALL SHOPS, ETC. ALSO, PLEASE SEND DRAWING IF WALL HAS ANGLES!