IMPERIAL
KITCHEN VENTILATION

Quote#_____
For office use only

IMPERIAL QUOTE REQUEST FORM

Company: _____ **Date**:_____
Contact Name: _____ **Phone**: _____
Address: _____ **Email**: _____

Style / Model #:_____
CFM: _____ **Width**:_____ **Depth**:_____ **Height**:_____
Filter type: _____ **Motors / No Motors**:_____

Additional Instructions:
_____
_____
_____
_____
_____
_____

PLEASE INCLUDE a Drawing with Clearly Marked Dimensions and Fax to 714.990.3350 or Email to janet@imperialhoods.com

Imperial Kitchen Ventilation
425 Apollo Street, Brea, CA 92821

800.851.4192
fax 714.990.3350