

Metal Sales return • Fax: 800-289-1617 • E-Mail: denverestimating@metalsales.us.com

Metal Sales Customer: _____

Attn.: _____ Estimating _____

Building Specifications

Width _____ ft. Length _____ ft. Wall Height _____ ft.
 Roof Pitch _____ :12 Truss Heel Height _____ in.

Overhangs

Eave / Sidewall _____ ft. Rake / Gable / Endwall _____ ft.

Building Openings

Overhead Doors

Qty. _____ Width _____ ft. Height _____ ft.
 Qty. _____ Width _____ ft. Height _____ ft.

Windows

Qty. _____ Width _____ Height _____

Sliding Doors / Specify Single or Double

Qty. _____ Width _____ Height _____

Man Doors

Qty. _____

2' Wall lights

Qty. _____

Skylights

Qty. _____ Length _____

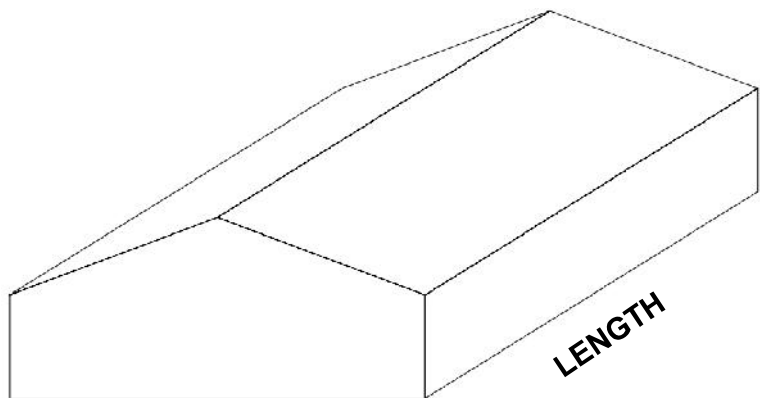
Panels / Trim

Panel Type	Classic Rib	
	Pro Panel II	

Roof Color: _____

Wall Color: _____

Trim Color: _____



Sales Person: _____

Date Faxed: _____

Return Fax #: _____

Project Name / Customer: _____

Special Comments: _____

