



**Customer Info**

First				Last			
Phone#	-	-		How did you hear about us?			

**Install Location Date & Time**

Person of contact.				Install Date	M	M	/	D	D	/	Y	Y	Y	Y	Install Time	M	M	:	H	H
Address								City								State				
ZIP				Phone#	-	-		Fax#	-	-										

Floor to ceiling height	Clearance above garage	Width of garage	Length of garage	Roof Line Type:	<input type="checkbox"/> Hip	<input type="checkbox"/> Flat	<input type="checkbox"/> 2nd Story	<input type="checkbox"/> Vault
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*Make sure to note number of garage doors, openers and show position of garage door track and motor track.*

**Products & Notes**

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**Cost Estimate**

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Estimate only. Only valid for 4 weeks after today's date. Prices subject to change at any time.

**Customer Signature**

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By signing this layout, you agree to the unit type, installation position, color, installation time /date. All storage items must have a signature next to them, to be valid. If changes occur within 24hrs of scheduled time, a \$35 cancellation/change fee will apply.

**Date** | M | M | / | D | D | / | Y | Y | Y | Y |