



REQUEST FOR QUOTE

Email: estimate@crowncoverings.com
CC: Office@crowncoverings.com

Bill To: _____
Contact Name: _____
Address: _____
Office/ Cell: _____
BID DUE DATE: _____

Job Location: _____
Email/ FAX: _____
APPROX. START DATE: _____

VINYL GOODS

SUPPLY

Owner Crown

MATERIAL OPT1

Sheet LVT
VCT LVP

PRODUCT DETAILS

Manufacturer: _____
Style: _____
Color: _____
Size: _____
Allowance \$: _____

MATERIAL OPT2

Sheet LVT
VCT LVP

PRODUCT DETAILS

Manufacturer: _____
Style: _____
Color: _____
Size: _____
Allowance \$: _____

MATERIAL OPT3

Sheet LVT
VCT LVP

PRODUCT DETAILS

Manufacturer: _____
Style: _____
Color: _____
Size: _____
Allowance \$: _____

HEAT WELD: Yes No Product: _____

WEAR LAYER: 8 12 20 28

UNDERLAYMENT

Yes No

Product: _____

TRANSITION

Wood Schluter

Rubber/Vinyl None

Existing: _____

Color: _____

INSTALLATION METHOD

Stretch In Loose Lay

Glue Down Double Glue Down

Pattern: _____

FLOOR PREPARATION

Moisture Test: Yes No

Skim Coat: Yes No

Others: _____

STAIRS

Waterfall Tread Only

of Stair Tread: _____

of Landing: _____

Installation Method: _____

REMOVAL

Broadloom LVP

Carpet Tile None

VCT Owner

Sheet Vinyl Ceramic/ Porcelain Tile

Base: _____

HAUL: Yes No

DUMPSTER: Crown Supply Owner Supply

Not Allowed Size: _____

BASEBOARD

BRAND: _____ COLOR: _____

Wood Vinyl

Rubber Quarter Rd/ Shoe Base

None Existing: _____

SIZE: 4" 6" Other: _____

COIL: Yes No

PROFILE: Straight Cove Sculpture

LABOR

Day Work Night/Weekend Work

Timeframe: _____

SUBFLOORING

Concrete Plywood Gypsum

Condition New Bad Good Unknown

TAX EXEMPT: Yes No

PREVAILING WAGE: Yes No

NOTES: