



# Stevens Equipment Supply Commercial Quote Request Form

945 Aldrin Drive, Eagan, MN 55121  
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biddesk@stevensequip.com

## Company Information

Company Name: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

## Quote Information

Quote Needed By: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

## Project Information

Project Name: \_\_\_\_\_  
Project Location: \_\_\_\_\_  
Competitor Bidding: \_\_\_\_\_  
Type of Equipment: \_\_\_\_\_  
Existing Model #: \_\_\_\_\_  
*(If replacing an existing unit.)*

Voltage: \_\_\_\_\_  
RTU Configuration: \_\_\_\_\_  
Type of Project: \_\_\_\_\_

Please provide a detailed description and/or other specifics:

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### **For Internal Use Only:**

Date Received:

Quote Start Date:

Quote Finish Date: