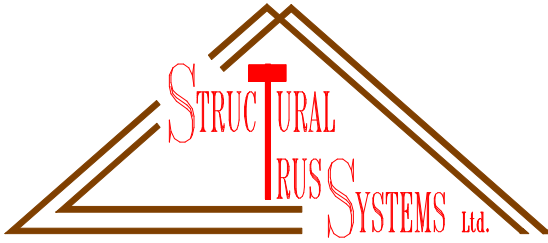


QUOTE REQUEST

Quote B10-_____
(For STS use only)



443 – 12th STREET
FORT MACLEOD ALBERTA
P.O. BOX 1690
T0L-0Z0

PHONE: 403-553-3306
FAX: 403-553-3896
www.stsltd.ca

Date: _____ 2009 Requested By: _____

Dealer Name: _____

Customer Name: _____

Truss Details

Building Dimensions: _____ X _____ Building Location: _____

Structure Type: Commercial: ___ Residential: ___ Farm: ___

Roofing Material: Asphalt: ___ Shakes: ___ Metal: ___ Tiles: ___

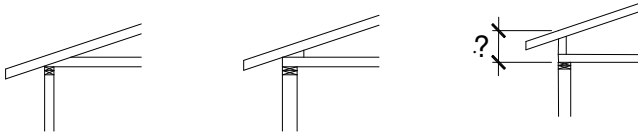
Roof Style: Gable: ___ Cottage: ___

Truss Span: _____ Truss Spacing: _____ Truss Quantity: _____

Gable Quantity: _____ Gables Dropped? Y / N Overhang (including fascia): _____

Top Chord Slope: _____/12 Bottom Chord Slope: _____/12

Low Heel (1/4") Standard Heel (3 1/2") High Heel _____



Heel Height: _____

Delivery Details

Deliver To: Dealer Yard? _____ Job Site? _____ Pick-Up? _____

Delivery Address: _____

Special Instructions

For extra quote request forms, visit our website: www.stsltd.ca