



Southtowns Specialties

REQUEST FOR QUOTE

Company Name: _____

Name: _____

Address: _____

City: _____ State: ___ Zip: _____

Phone: _____ Fax: _____

Email: _____

Truck Year: _____ Manufacturer: _____

Model: _____

OEM Tank # _____

Gallons: _____

Rectangular Tank Dimensions: H _____ x L _____ x D _____

Cylindrical Tank Dimensions: Diameter: _____ x L _____

D-Tank Dimensions: H _____ x L _____ x D _____

Circle all that apply:

Mount Location:

Driver side or **Passenger Side**

Fill Location: **Front Center Rear**

Fuel Type: **Gas Diesel Hydraulic**

Pump in tank: **Y** or **N**

Material Preference:

Steel or **Aluminum**

Steps: **Built in** or **On Strap**

Do you need a mounting kit? **Y** or **N**

NOTES:

Signature: _____ **Date:** _____

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