



REQUEST FOR QUOTE

Company Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Truck Year: _____ Truck 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** or **Diesel** or **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**

Signature: _____ Date: _____

NOTES:

5651 COLE ROAD • WEST VALLEY, NEW YORK • 14171

PHONE: 716-592-4993 • FAX: 716-592-4991

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