



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 W _____ x L _____

Cylindrical Tank Dimensions: Diameter: _____ x L _____

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

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: _____