

SNOWGRIP Request For Price Quotation

Facility Name: _____

Address: _____

City/State, Zip: _____

Contractor Name: _____

Are you a SNOWGRIP Certified Independent Contractor?

- Yes SNOWGRIP Contractor Number _____
 No Submit application to become SNOWGRIP Certified Independent Contractor. (www.snowgripit.com)

Person to contact (required): _____

Is this your roof? Yes No

Telephone: _____ Email: _____

Best Time to Make Contact: _____

Metal Roof Type: **Currently SNOWGRIP applies onto metal roofing only**

- Shingle/flat seam Batten seam
 Standing rolled seam Ribbed with exposed fasteners

Roof Condition:

- New/Preconstruction Peeling Paint
New/Recently Constructed Leaks
Loose seams Missing fasteners
General aging Rust

Other (please specify) _____

Finish:

- Galvanized/Galvalum
 Painted Type of Paint _____
 Other _____

Overall condition:

- Good (SNOWGRIP only)
 Average (Some minor repair plus SNOWGRIP)
 Poor (Major repair plus SNOWGRIP)

Size of Roof: _____

_____ sq.ft. Estimate Accurate (True size measured edge to edge on the slope)

SNOWGRIP requires full coverage of the roof surface.

Approximate age of roof: _____ Years

Where did you first learn about SNOWGRIP?

- Search engine Magazine Received mailing
 Referred by friend Internet Forum Business contact

Which search engine, magazine, forum or business contact (if applicable)? _____

Submit completed form by fax or mail to SNOWGRIP, 126 Woodward Avenue, Iron Mountain, MI 49801 or Fax: 906-774-3491