



Route to the Kitchen Ventilation Systems Sales Group by email to KVSSales@greenheck.com or fax at 715-355-2399

P.O. Box 410 • Schofield, WI 54476-0410 • 715.359.6171 • greenheck.com

## Kitchen Ventilation Systems Specification Credit Request Form

### Section I

Date \_\_\_\_\_  
Rep Office \_\_\_\_\_  
Salesman \_\_\_\_\_

### Section II

Consultant/Dealer Name \_\_\_\_\_  
City, State \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Project Manager \_\_\_\_\_  
Project Name \_\_\_\_\_  
Project Location \_\_\_\_\_

### Section III

Items Specified (please provide specific model numbers and quantities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Specified Budget \_\_\_\_\_  
Possible Bidders \_\_\_\_\_  
Approximate Bid Date \_\_\_\_\_  
Approximate Ship Date \_\_\_\_\_  
Award Date \_\_\_\_\_

### Section IV

Caps file provided \_\_\_\_\_  
Date of CAPS file \_\_\_\_\_  
Greenheck Auto Cad # \_\_\_\_\_  
Specification Provided \_\_\_\_\_  
Additional comments or information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section V (Greenheck Internal Use)

Job Awarded to \_\_\_\_\_  
City, State \_\_\_\_\_