

Customer Name _____

Company _____

Street Address _____

City, State, Zip _____

Phone # _____

Fax # _____

Email _____

Project Name _____

Project Location _____

 Check here if you are a homeowner Check here if you prefer contact via email

* Indicates required field

* Area(s) needing cable: (Check all that apply) ROOF GUTTER DOWNSPOUT OTHER _____* Type of Roof: ASPHALT SHINGLE METAL STANDING SEAM (18" 24") SLATE OTHER _____* How wide is gutter? 4" to 6" WIDE 8" WIDE 12" WIDE 24" WIDE OTHER _____

* Number of Gutters & Lengths: _____

* Number of Downspouts & Lengths: _____

* Number of Valleys & Lengths: _____

* Eave Overhang Width: 12" 18" 24" 36" 48" OTHER _____Pitch of Roof: 4/12 6/12 8/12 10/12 FLAT OTHER _____

Description of Problem Area: _____

*Voltage(s) Available? (Check): 120 VAC 208 VAC 240 VAC 277 VACProject type? (Check one): RESIDENTIAL COMMERCIAL*Controls options desired? (Check one): AUTOMATIC MANUAL TIMER PLUG-IN KIT QUOTE ALL 3When are you starting your project?: LESS THAN 1 MONTH 2 TO 3 MONTHS 4 TO 6 MONTHS +How did you find out about us?: PERSONAL REFERRAL TRADE MAGAZINE SEARCH ENGINE (Specify) _____ OTHER _____

Submit Request to Fax: 800-408-1100 or email to: sales@warmlyyours.com

PLEASE SEE NEXT PAGE FOR DRAWING CHECKLIST AND SKETCH OF YOUR PROJECT

PAGE 1 OF 2

DRAWING CHECKLIST AND SKECTH OF YOUR PROJECT:

Please provide a drawing / sketch that indicates the following specifications:

- EAVES / OVERHANG DIMENSIONS
- LENGTH OF ROOFLINE
- LENGTH, WIDTH AND LOCATION OF GUTTERS
- LENGTH AND LOCATION OF DOWNSPOUTS
- LENGTH AND LOCATION OF VALLEYS
- POWER SOURCE LOCATION

Additional Comments: _____