



PLANNING YOUR KOLPAK WALK-IN



ZINK MARKETING

*Send sketch of walk-in with this quote request

1-800-492-7400 FAX 1-614-899-9797

ZINK MARKETING SALES REP

DATE REQUESTED

Quote Requested By: _____

PROJECT NAME: _____ Destination: _____

Dealer Name: _____ Contact: _____ Phone: _____

Address: _____ Fax: _____

City _____ ST _____ Zip _____ email address _____

Size & Type		Door	
Panel Thickness _____	*Nominal <input type="checkbox"/>	*Hold: <input type="checkbox"/> LW <input type="checkbox"/> HGT	<input type="checkbox"/> *R-Series <input type="checkbox"/> *Standard
*Length _____	*Depth _____	*Height _____	<input type="checkbox"/> Hinged _____ X _____ Hinge _____ H Swing
*Cooler _____ X _____	*Freezer _____ X _____		<input type="checkbox"/> Hinged _____ X _____ Hinge _____ H Swing
			<input type="checkbox"/> Hinged _____ X _____ Hinge _____ H Swing
Location of Box <input type="checkbox"/> *Indoor <input type="checkbox"/> *Outdoor			<input type="checkbox"/> Framed opening - doors by Others-Opening Size _____
Ceiling Thickness _____	<input type="checkbox"/> Aluminum Roof		<input type="checkbox"/> Other _____
<input type="checkbox"/> Beer	<input type="checkbox"/> Membrane Roof		
Product _____	<input type="checkbox"/> Sloped		<input type="checkbox"/> Glass Doors Buck opening size (in inches) _____
Tapcon Fasteners _____	<input type="checkbox"/> Flat		<input type="checkbox"/> Tile & grout Application "thickness" _____
<input type="checkbox"/> 6" Corners <input type="checkbox"/> Free standing <input type="checkbox"/> Flashed			<input type="checkbox"/> In Swing Door <input type="checkbox"/> Wrap around door section

Floor - Please note: with floor or without floor - THIS MUST BE COMPLETED		Accessories	
C / F	C / F	<input type="checkbox"/> Outdoor Rain Hood	<input type="checkbox"/> Third Hinge
<input type="checkbox"/> Standard Alum	<input type="checkbox"/> Floorless	<input type="checkbox"/> Outside Locking Bar	<input type="checkbox"/> Digital Thermometer
<input type="checkbox"/> Recessed	<input type="checkbox"/> 4" Metal Screeds	<input type="checkbox"/> Non -Skid Floor Strips _____ sqft	<input type="checkbox"/> Strip Curtains
<input type="checkbox"/> 14 Ga. Galv.	<input type="checkbox"/> 4" Vinyl Screeds	<input type="checkbox"/> Viewport Window _____ X C/F	<input type="checkbox"/> 3-Way Switches
<input type="checkbox"/> Stainless _____ Ga	<input type="checkbox"/> 1 1/2" Screeds	<input type="checkbox"/> Closure Panels _____ sqft	<input type="checkbox"/> 2" Door Bumper
<input type="checkbox"/> Super Floor	<input type="checkbox"/> Flat Bottom Walls	<input type="checkbox"/> Spring Loaded Hinge	<input type="checkbox"/> Cooler A-V Alarm
<input type="checkbox"/> Structural Floor	<input type="checkbox"/> Insulated slab by others	<input type="checkbox"/> Fluorescent Lights	<input type="checkbox"/> Freezer A-V Alarm
<input type="checkbox"/> Foamed in place diamond tread floor	<input type="checkbox"/> U-Shaped Vinyl Screeds	<input type="checkbox"/> Extra Vapor Proof Lights	
<input type="checkbox"/> Tread Plates _____ sq.ft.	<input type="checkbox"/> Floor plate _____ sq.ft.	<input type="checkbox"/> Kickplates: Alu <input type="checkbox"/> SS <input type="checkbox"/> Door only <input type="checkbox"/>	<input type="checkbox"/> Size _____ Ext <input type="checkbox"/> Int <input type="checkbox"/> Door & jamb <input type="checkbox"/>
<input type="checkbox"/> Exterior Ramp (F or C) Size _____	Alu <input type="checkbox"/> SS <input type="checkbox"/>	<input type="checkbox"/> Super ceiling	<input type="checkbox"/> Bumper rail Type: _____ lin. Ft <input type="checkbox"/> End Cap(s)
<input type="checkbox"/> Interior Ramp (F or C) Size _____	Gal <input type="checkbox"/> SS <input type="checkbox"/>	<input type="checkbox"/> Trim Strips _____ quantity <input type="checkbox"/> Angle <input type="checkbox"/> Flat	<input type="checkbox"/> Aluminum <input type="checkbox"/> Galvalume <input type="checkbox"/> Stainless

Finish					
Interior : Cooler	Fr	Bk	Lf	Rt	Ceiling
<input type="checkbox"/> Galvanized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Galvalume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Aluminum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stainless _____ Ga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Painted _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior : Freezer	Fr	Bk	Lf	Rt	Ceiling
<input type="checkbox"/> Galvanized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Galvalume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Aluminum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stainless _____ Ga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Painted _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior:	Fr	Bk	Lf	Rt	
<input type="checkbox"/> Galvanized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Galvalume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Aluminum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Stainless _____ Ga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Painted _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Wall Treadplate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Refrigeration Needs		
<input type="checkbox"/> Pre Charged Line	<input type="checkbox"/> Indoor	<input type="checkbox"/> Hermetic
<input type="checkbox"/> Pre - Assembled	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Semi-Hermetic
	<input type="checkbox"/> Top	<input type="checkbox"/> Air Cooled
		<input type="checkbox"/> Water Cooled
<input type="checkbox"/> Time Clock Clr		
<input type="checkbox"/> Drop In - Specify Type _____		
Cooler temperature at _____	Ambient Temperature at _____	
Freezer Temperature at _____		
Length of PCL lines _____	# Evaporators _____	
Compressor Rack <input type="checkbox"/> Sngl <input type="checkbox"/> 2-tier		
Refrigeration Accessories _____		

Refrigeration recommendations will be based on normal usage with product entering at storage temperature.

Electrical Requirments			
Cooler	Voltage _____	Cycle _____	Phase _____
Freezer	Voltage _____	Cycle _____	Phase _____

* Denotes Required Field