

Please complete the table for all Dayton Superior hold downs required for quote.

Customer: _____	Quoted by: _____
Street: _____	Date: _____
City: _____	State/Zip: _____
Quoted to: _____	Date Required: _____
Email: _____	
Phone: _____	Project Title: _____
Fax: _____	Location: _____

Number of Units Required			
Type of Hold Down			
Number of Strands			
Maximum Safe Working Load per Strand (lbs)			
Maximum Safe Working Load per Unit (lbs)			
Plain or Electro-Galvanized			
(A) Horizontal Spacing (inches)			
(B) Minimum Vertical Spacing – Bottom of Hold Down to First Strand Centerline			
(C) Standard Vertical Spacing (inches)			
(D) Overall Width (inches)			
	Quote per each	\$	\$
Quote based on delivery within 90 days unless noted.	Total	\$	\$
	Freight	\$	\$
	Quote Total	\$	\$

Special Conditions: _____

