



Metro Building Solutions
Tel: 856-786-1461



Ludowici Roof Tile Sample Identification Form

Complete this section and return with sample

Contact Information:

Company Name _____

Contact : _____

Street Address: _____

City _____ State _____ Zip _____

Phone _____ cell: _____

Fax _____

E-mail _____

PROJECT NAME _____

Sales Representative _____ Bill Cosentino - MBSI

Please provide the following information for accurate quoting

Quantity Needed _____

Project type: Repair Lift/Relay Addition

Does the project require an EXACT profile match _____

Does the project require an EXACT color match _____

Additional Information:

Send this completed form with the sample tile(s) to:

Ludowici Roof Tile
attn: Sample ID
4757 Tile Plant Rd
New Lexington OH 43764
800-945-8453

Revised 5/11/2010

This section to be completed by Ludowici

Sample # _____

Date Rec'd _____ Checked in _____

Checked Out _____ by _____ IN _____ by _____

Checked Out _____ by _____ IN _____ by _____

Checked Out _____ by _____ IN _____ by _____

Checked Out _____ by _____ IN _____ by _____

Enclosures

Letter Photos Plans Business Card

Whose attention was the sample sent? _____

Number of Tiles received _____

Number of Tiles Broken _____

DESCRIPTION:

Tile Type: _____

Size: _____

Surface _____

SM	FMS	MMS	HMS	WEA
ANTQ	BRIT	CALN	COLN	HR
BTBT	BRBT	RLD	CUSTOM	

COLOR:

Standard _____

Closest Standard _____

Closest Developed _____

Custom Color _____

Additional Notes _____
