

Residential Multi-Room Audio System Quick Quote Form



Dealer Name: _____ Contact Name: _____
Account Number: _____ Email: _____
Phone Number: _____ Job Name or Reference: _____

Type of system required

Single source multi-zone Multi-source multi-zone

System Configuration

- Does the job require: Volume Knobs ____ Handheld Remote ____ Keypads ____
App Control ____ Other _____
- How many zones are required? Indoor ____ Outdoor ____
- Speaker type required:
In-ceiling ____ Quantity per zone ____
In-wall ____ Quantity per zone ____
Surface mount ____ Quantity per zone ____
Landscape/Garden/Rock ____
- Do any of the zones require a local source override input? Yes ____ (how many) ____ No ____
- Audio Sources Required:
AM/FM ____ CD ____ Streaming Music ____ Bluetooth ____ Other _____

Notes: