Reidential 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

1. Does the job require: Volume Knobs ____ Handheld Remote ____ Keypads ____

   App Control ____ Other _____

2. How many zones are required? Indoor ____ Outdoor ____

3. Speaker type required:

   In-ceiling _____ Quantity per zone _____

   In-wall _____ Quantity per zone _____

   Surface mount _____ Quantity per zone _____

   Landscape/Garden/Rock _____

4. Do any of the zones require a local source override input? Yes ____ (how many) _____ No ____

5. Audio Sources Required:

   AM/FM ____ CD ____ Streaming Music ____ Bluetooth ____ Other _____

Notes:

SUBMIT