Request For Quotation

This is an electronically fillable form. Please attach drawings if available. Thank you.

Project / Client	
Installation Location	
Installation Due Date	

REFERRAL	☐ Word of Mouth ☐ Specified ☐ Other:
WEB	☐ Google ☐ 4 Specs ☐ Sweets ☐ ID Library ☐ Glass Global ☐ Material ConneXion ☐ Materia
PRINT	☐ Architectural Record ☐ Product News ☐ Interior Design ☐ FX ☐ Hospitality Design

COMPANY REQUESTING QUOTE	
Company Name	
Contact Name	
Title ☐ Glazier ☐ GC ☐ Architect ☐ Designer	
Address	
City	State / Prov.
Country	Zip / Postal Code
Tel	Fax
Email	
Website	

SPECIFYING COMPANY	
Company Name	
Contact Name	
Title ☐ Architect ☐ Designer	
Address	
City	State / Prov.
Country	Zip / Postal Code
Tel	Fax
Email	
Website	

Qty	**Width** (inches)	**Height** (inches)	**Thickness** (inches)	**Series**	**Texture**	**Color**	**Application**	**Price** (office use only)

Finish ☐ Clear ☐ Color Finish ☐ Tint Color ☐ Sandblasted

Glass Type ☐ Clear ☐ Low Iron (Starfire, Diamonté) ☐ Tint; please specify: _____

Treatment ☐ Tempered ☐ Laminated ☐ Annealed

Fabrication ☐ Holes ☐ Cut Outs ☐ Flat Margins Please explain: _____

Shape ☐ Flat ☐ Bent

Edge Finish ☐ Arrissed ☐ Polished ☐ Textured

Treads ☐ Flat Polish ☐ Post Laminated Polish

Comments _____

Subtotal _____

Crating/Freight _____

Engineering _____

Total _____

Quoted by _____

Regular ETA: 6–8 weeks. **Terms**: 50% deposit, balance due at time of shipping finished product. **Tolerance**: +/- 1/8" on finished glass sizes.

SUBMIT FORM RESET FORM

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