

Name:	Please Check One:		
	Residential	Commercial	
Company Name:	If Commercial, Please Describe Property (Hotel, Restaurant, Retail Store, etc.)		
Address:	Shipping To/Receiving Address:		
Phone:	Loading Dock Available?	YES	NO
Fax:	Lift Gate Services Required?	YES	NO
E-Mail:	Requested Ship Date:		
Website:			

Please Make a Selection for the Estimate:				Mirror	Glass	Both	
Please State Desired Product Number:							
Please State Desired Quantity:							
Please State Sizes per Product - Up to 60"x 120" *Please Note: You May Choose Several Different Sizes To Fill Your Quantity Estimate*							
Additional Sizes and Quantities: *Please Use Additional Forms If Necessary*							
Please Select Mirror or Glass Thickness:							
Mirror:	1/8"	1/4"	3/8" (Custom)	Glass:	1/8"	1/4"	3/8"
					1/2"	3/4"	1"
Tempered Glass? (Applies to Glass Only)				YES	NO		
Beveled Edge Desired?				YES	NO		
If Yes, Please State Size: (Beveled Starts at 1/2")							
Custom Cuts Needed?				YES	NO		
If Yes, Please Describe the Desired Cuts. (Holes, Pattern Shapes, etc.) *Patterns And/Or Exact Measurements Need To Be Provided For Custom Cuts*							
What Colors are Desired?							
How Will The Finished Product Be Installed?				Framed	Mastic (Applied Directly to Wall)		
Installer Needed? We May Be Able To Recommend A Preferred Installer For Your Area.						YES	NO