

GLASS QUOTATION REQUEST

ALL ITEMS MUST BE COMPLETED FOR THIS QUOTE TO BE PROCESSED

COMPANY						DATE				
REQUEST	ED BY									
ADDRESS										
CITY / ST	ΔTF / 7	IP								
PHONE ()		FAX ()	EN	MAIL				
PROJECT NAME										
ARCHITECT										
PHONE () CITY / STATE										
PRODUCT SPECIFIED						DATE REQUIRED ON JOB				
Send architect specs. if available										
DO YOU WANT PRODUCT DATA INCUDED? Y N N										
IMPACT S (DOORS, SIDEL	SAFETY ITES AND	LOCATIONS OTHER "HAZARDOUS"	' OPENINGS)		NON-IM (OPENINGS	NON-IMPACT SAFETY LOCATIONS (OPENINGS OTHER THAN DOORS WHERE HUMAN IMPACT IS NOT A CONCERN)				
PRODUCT DESIRED FIRE RATING REQUIRED		Fireglass20 FireLite NT IGU WireLite NT LX X-Ray	FireLite NT FireLite Plus IGU WireLite NT (Diamond) LX Premium X-Ray	FireLite Plus Pilkington Pyrostop (interior) Pilkington Pyrostop (exterior) WireLite NT (Georgian)	PRODUCT DESIRED		Fireglass20 FireLite WireLite LX X-Ray	FireLite IGU WireLite (Diamond) LX Premium X-Ray	Pilkington Pyrostop (interior) Pilkington Pyrostop (exterior) WireLite (Georgian) Neoceram	
		20 min 90 min	45 min 2 hours	☐ 60 min ☐ 3 hours			20 min 90 min	45 min 2 hours	□ 60 min	
SURFACE FINISH (FireLite NT, FireLite Plus)		PREMIUM	STANDARD	☐ OBSCURE ☐ SANDBLASTED	SURFACE FINISH (FireLite)		PREMIUM	STANDARD	☐ OBSCURE☐ SANDBLASTED	
PIECES	SIZE REQUESTED				PIECES	SIZE REQUESTED				
	х					Х				
	х					х				
	X					Х				
	Х					Х				
	х					Х				
	Х					X				
	Х					Х				
	х					X				