

COMPANY NAME: _____
PHONE NUMBER: _____
FAX NUMBER: _____
EMAIL: _____
ADDRESS: _____

Page # _____ of _____

Date _____

ORDER

QUOTE

TOP VIEW MITER DETAIL

Degree _____ Degree _____

PLEASE PROVIDE SKETCH BELOW

P.O. _____

GLASS TYPE:

Thickness _____ Color _____ TEMPERED
ANNEALED

QTY. _____

SIZE _____ Block Size
Width X Height

LOGO (LOCATION ON SKETCH)

| EDGEWORK: | QTY. | QTY. |
|-----------|-------|-------|
| Polishing | Long | Short |
| | _____ | _____ |

MITERING: 0 - 45°

QTY LONG: _____ Degree _____

QTY SHORT: _____ Degree _____

HOLES

QTY: _____ DIAMETER: _____

QTY: _____ DIAMETER: _____

| NOTCHES | TYPE | QTY |
|---------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

