

Date (mm/dd/yyyy)

Quote Request

Project Name

Bill To

Company:

Contact:

Address:

Address 2:

Phone:

Email:

Ship To

Company:

Contact:

Address:

Address 2:

Phone:

Email:

Please Read

- Please fill out the following glass specification page(s). Use one page per glass type.
 - If ordering more than three types of glass, please use an additional form.
 - Drawings (DXF or PDF) required for holes, notches, cut outs, or out of square.
 - Masonite Templates Only - Additional scanning charges to be determined.
 - New York, New Jersey, Illinois - If tax exempt, attach resale certificate.
 - Please return the completed form(s) and any attachments to quotes@bendheim.com. If necessary, fax to 973.471.4202.
-

Special Instructions

Please list any special instructions required for the glass.

Glass Specifications

| | | | | |
|--------------------|--------------------|----------------------------------|----------|-------|
| Glass Code: | | Glass Thickness: | | |
| Glass Required: | Annealed | Laminated | | |
| | Tempered | Tempered-Laminated | | |
| Pattern Direction: | Horizontal / Width | | | |
| | Vertical / Height | | | |
| Edgework: | Seamed | Ground | Polished | Miter |
| | Other | | | |
| Safety Logo: | Yes | If "Yes", Specify Logo Location: | | |
| | No | | | |

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