

Company: _____ Contact: _____
 Address: _____ City: _____ Zip: _____
 Office Phone: _____ Ext ? _____ Fax: _____ Cell: _____
 Request Date: _____ Bid Date: _____ Am or PM _____ Multi-Phase? _____
 Project Title: _____ Location: _____
 AAMA Rating(s) Required: _____

Glass / Glazing Required:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Monolithic | <input type="checkbox"/> Insulated |
| <input type="checkbox"/> Laminated | <input type="checkbox"/> Dual Seal |
| <input type="checkbox"/> Open / Unglazed | <input type="checkbox"/> Insl. Panel |
| <input type="checkbox"/> Louvers | <input type="checkbox"/> Spandrel |

Make Up: _____

Screen Requirements:

- | | |
|--|--|
| <input type="checkbox"/> None Required | <input type="checkbox"/> As Alt. Add Price |
| <input type="checkbox"/> Half Screen | <input type="checkbox"/> Full Screen |
| <input type="checkbox"/> Protection Screen | <input type="checkbox"/> Center Hinged |
| <input type="checkbox"/> F G | <input type="checkbox"/> Alum <input type="checkbox"/> Stainless Steel |

Comments: _____

Installation Accessories:

- | | |
|---|-------------|
| <input type="checkbox"/> Ext. Panning | Type: _____ |
| <input type="checkbox"/> Int. Trim | Type: _____ |
| <input type="checkbox"/> Mullions | Type: _____ |
| <input type="checkbox"/> Recep <input type="checkbox"/> Head <input type="checkbox"/> Head & Jamb | |
| <input type="checkbox"/> Sub - Sills | Type: _____ |
| <input type="checkbox"/> Alcoa / Sill Cover | Type: _____ |
| <input type="checkbox"/> Break Metal | Type: _____ |

Finish / Color Required:

- | | |
|--|---|
| <input type="checkbox"/> Clear Anodic | Class _____ |
| <input type="checkbox"/> Bronze Anodic | Class _____ |
| <input type="checkbox"/> Black Anodic | Class _____ |
| <input type="checkbox"/> 2603 Paint | Color: _____ |
| <input type="checkbox"/> 2604 Paint | Color: _____ |
| <input type="checkbox"/> 2605 Paint | Color: _____ |
| <input type="checkbox"/> 3 Coat | <input type="checkbox"/> Custom Color Match |

Comments: _____

Warranty Requirements:

- | | |
|--|--------------|
| <input type="checkbox"/> Material Term | Years: _____ |
| <input type="checkbox"/> Finish Term | Years: _____ |
| <input type="checkbox"/> Glazing Term | Years: _____ |

Misc. Accessories / Requirements:

- | | |
|---|-------------|
| <input type="checkbox"/> Mullion Covers | Type: _____ |
| <input type="checkbox"/> Angles / Tube / Channel | Type: _____ |
| <input type="checkbox"/> Ext. Panning | Type: _____ |
| <input type="checkbox"/> Applied Grid <input type="checkbox"/> B G <input type="checkbox"/> True Muntin | |

Comments: _____

Project Title: _____ Location: _____

	Mark	Model	Type	Qty	Width	Height	Glazing	Line Comments
1								
2								
3								
4								
5								
6								
7								
8								
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Comments: _____
