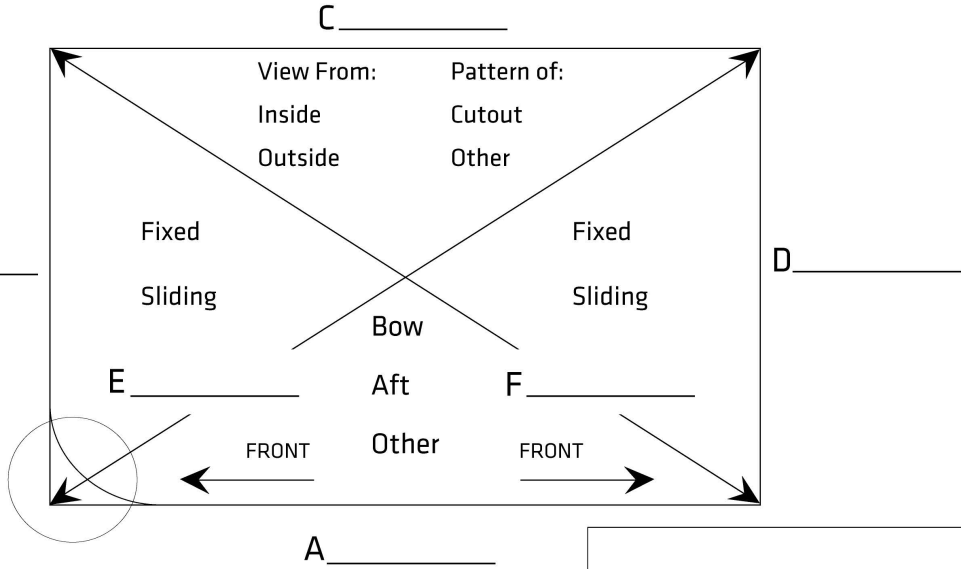
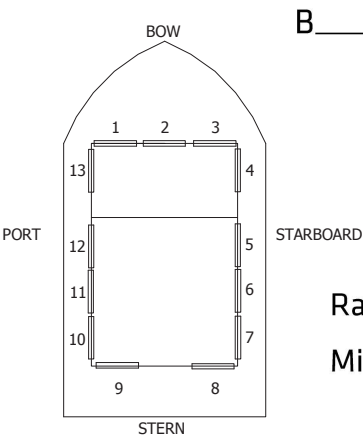




# Window Information Sheet

Cust. Name \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Email \_\_\_\_\_  
 Window # \_\_\_\_\_  
 Window Position \_\_\_\_\_

Select the Following and Fill Out the Blank in Inches



Clamp In	Wall Thickness
Bolt In	_____

TYPE OF WINDOW		FINISH
----------------	--	--------

<b>FIXED</b>	<b>TOP HINGE</b>	<b>ANODIZED FINISH</b>
<b>HALF DROP</b>	<b>VENT</b>	<b>POWDER-COATED</b>
<b>SLIDING</b>		<b>COLOR OR RAL#</b> _____
<b>FULL DROP</b>		<b>WET PAINT</b>
		<b>COLOR OR RAL#</b> _____

GLASS TYPE	GLASS THICKNESS	GLASS TINT
------------	-----------------	------------

<b>LAMINATED GLASS</b>	<b>1/4"</b>	<b>CLEAR</b>
<b>TEMPERED GLASS</b>	<b>3/8"</b>	<b>GREY</b>
<b>LEXAN MR10</b>	<b>1/2"</b>	<b>BRONZE</b>
<b>SEALED UNITS</b>	<b>5/8"</b>	<b>GREEN</b>
<b>HEATED GLASS</b>	<b>13/16" Sealed Unit</b>	
	<b>Other</b>	

