

SAMPLE REQUEST



TO THE ATTENTION OF: MR. / MS. _____

PROJECT NAME: _____

FIELD: GLASS SHOP DOORS AND WINDOWS ARCHITECTS

COMPANY NAME: _____

MAILING ADDRESS: _____

City: _____ Postal code: _____

Tel.: _____ Fax: _____

Email: _____

SAMPLE DELIVERY ADDRESS: Same as mailing address

Address: _____

City: _____ Postal code: _____

SAMPLE QUANTITY: _____

GLASS SAMPLE:

Thickness(es): 3 mm 4 mm 5 mm 6 mm
 8 mm 10 mm 12 mm 15 mm
 19 mm Other: _____

Glass description: _____

INSULATED GLASS UNIT SAMPLE: DOUBLE TRIPLE* Finished thickness: _____

Exterior glass thickness: 3 mm 4 mm 5 mm 6 mm
 Other: _____

Exterior glass description: _____

Spacer: Aluminum Technoform Stainless Intercept Super Spacer
 Black Black Black
 White White
 Bronze Bronze
 Grey

Interior glass thickness: 3 mm 4 mm 5 mm 6 mm
 Other: _____

Interior glass description: _____

Centre glass thickness: 3 mm 4 mm 5 mm 6 mm
*(*If triple-glazed IG unit)* Other: _____

Centre glass description: _____

