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Glass Counter Top Quote Request Form

Name/Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Type of Glass (Regular or Low Iron): _____

Thickness: _____

Painted or Sandblasted?: _____

Sink (Over or Undermount): _____

Cut Outs (What Type): _____

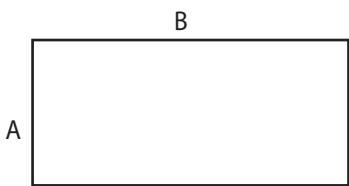
Other Options (Drain Grooves, Etc.): _____

Popular Supports Available For Overhangs/Raised Bar Tops

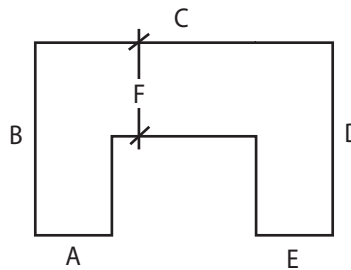
Rough Guide: One support for each 30" of length, one for each 8" of depth.

- | Type: | Quantity Required: |
|--|--------------------|
| • 2" Diameter x 6" Tall: | _____ |
| • 4-1/2" Diameter x 6" Tall: | _____ |
| • 2" Diameter x 30" Tall: | _____ |
| • 2" Diameter x 42" Tall: | _____ |
| • Offset Support - 2" Diameter x 30" Tall: | _____ |

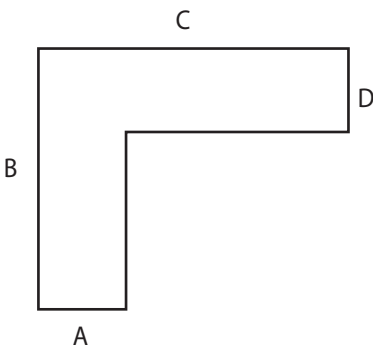
Enter your counter top dimensions next to one of the drawings below.



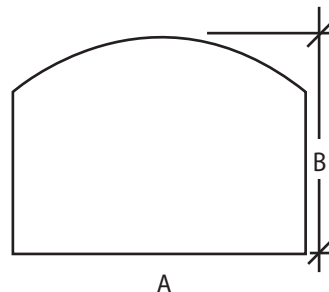
Enter Length A in Inches: _____
 Enter Length B in Inches: _____



Enter Length A in Inches: _____
 Enter Length B in Inches: _____
 Enter Length C in Inches: _____
 Enter Length D in Inches: _____
 Enter Length E in Inches: _____
 Enter Length F in Inches: _____



Enter Length A in Inches: _____
 Enter Length B in Inches: _____
 Enter Length C in Inches: _____
 Enter Length D in Inches: _____



Enter Length A in Inches: _____
 Enter Length B in Inches: _____

Please fax or email this form to get a written quote back within 1 business day.