

## Quote/Order Request Form

Date \_\_\_\_\_

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone Number \_\_\_\_\_

Company \_\_\_\_\_  
Account Number \_\_\_\_\_  
Job Name \_\_\_\_\_

Utilize this form to assist you in covering the details required to quote a Metropolis Post Windscreen System. Going through this exercise should prevent you from overlooking any details related to your installation.

**IMPORTANT:** Depending on the complexity of your project, one or more of the following may be required to accurately order: sketches or drawings of your particular application with dimensions; printed architectural drawings or CAD files; photos of the job site conditions (digital images are preferable).

**NOTE:** Please download and submit completed form to [railings.archmetals@crlaurence.com](mailto:railings.archmetals@crlaurence.com). A final sign off is required prior to any custom fabrication.

<b>POST HEIGHT</b> <input type="checkbox"/> 60" <input type="checkbox"/> 72" <input type="checkbox"/> 84" <input type="checkbox"/> Custom _____	<b>GLASS THICKNESS</b> <input type="checkbox"/> 1/2" Monolithic Tempered <input type="checkbox"/> 9/16" Laminated Tempered (Glass not supplied by CRL)	<b>FINISH</b> Available finish options: <input type="checkbox"/> Brushed Stainless Steel <input type="checkbox"/> Special (Specify) _____	<b>SUBSTRATE</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Other _____
<b>POSTS NEEDED</b> <input type="checkbox"/> End _____ <input type="checkbox"/> Center _____ <input type="checkbox"/> Corner _____	<b>SHOP DRAWINGS REQUIRED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PRODUCT ENGINEERING REQUIRED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**LAYOUT GRID TO SKETCH DESIGN**

**NOTES**

RESET BUTTON

Please submit to: [railings.archmetals@crlaurence.com](mailto:railings.archmetals@crlaurence.com)