FRAMELESS SHOWER DOOR



Date _____

Quote/Order Request Form

Name _____ Company
Email ____ Account N
Phone Number ____ Job Name

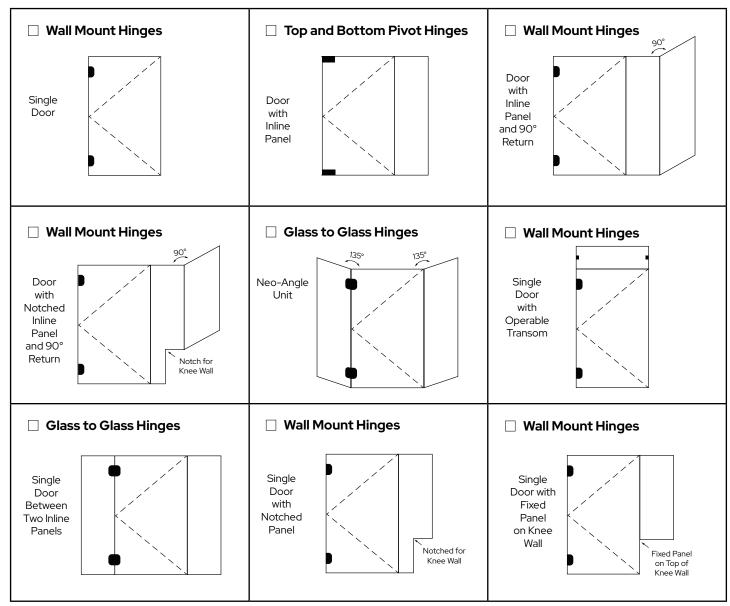
Company _____
Account Number _____
Job Name ____

Utilize this form to assist you in covering the details required to quote a Frameless Shower Door. 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 CAD files; photos of the job site conditions.

NOTE: Please download and submit completed form to **showers@crlaurence.com** A final sign off is required prior to any custom fabrication.

Hinge Left



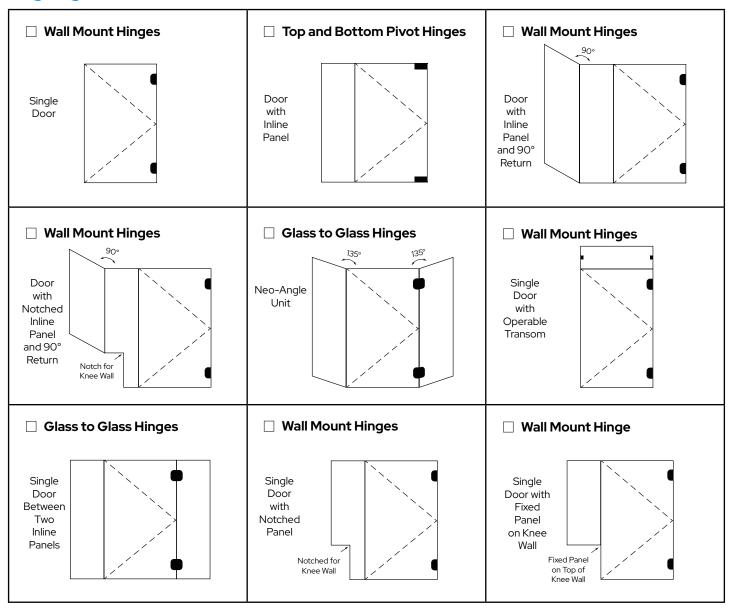
RESET BUTTON

Please submit to: showers@crlaurence.com

FRAMELESS SHOWER DOOR



Hinge Right



RESET BUTTON

Please submit to: showers@crlaurence.com

FRAMELESS SHOWER DOOR



Single Door Hinged Off of Inline Panel, Hinged Left		☐ Other		
		Product Selection	on	
GLASS THICKNESS	FIXED PANEL SECURING	PRODUCT	ITEM NO.	QUANTITY
☐ 1/4" (6 mm) ☐ 5/16" 8 mm) ☐ 3/8" (10 mm) ☐ 1/2" (12 mm)	☐ Regular U-Channel☐ Deep U-Channel☐ Clamps	Hinges Pull Handle or Knobs Towel Bar		
HARDWARE COLOR	DOOR TO SWING	U-Channel or Clamps Header		
☐ Antique Brass☐ Antique Bronze☐ Antique Brushed Copper☐ Brass	☐ In and Out ☐ Out Only	Wipes and Seals Other		
 □ Brushed Bronze □ Brushed Nickel □ Brushed Satin Chrome □ Chrome □ Gold Plated □ Gun Metal □ Matte Black □ Oil Rubbed Bronze □ Polished Copper □ Polished Nickel □ Satin Brass □ Satin Chrome □ Ultra Brass □ White □ Other 	WIPES AND SEALS Yes No	LAYOUT GRID TO SKE	TCH DESIGN	
HINGE TYPE	CORNER JOINT			
☐ Wall Mounted☐ Top and Bottom Pivot☐ Glass to Glass°	☐ Mitered ☐ Overlapped			
DOOR WIDTH DESIREin.	KNEE WALL OR STEP Yes No	NOTES		
CONFIGURATION Floor to Ceiling Floating Top Header on Top				
RESET BUITTON	Plassa submit to	· showers@crlaurend	re com	