

## Quote/Order Request Form

Date \_\_\_\_\_

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

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

When you are ready to order, utilize this form to assist you in covering the details required to complete a Cielo Windscreen System installation. 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.

<p><b>POST HEIGHT</b></p> <input type="checkbox"/> 72" (1829 mm) <input type="checkbox"/> 84" (2134 mm) <input type="checkbox"/> 96" (2438 mm) <input type="checkbox"/> Other _____	<p><b>GLAZING THICKNESS</b></p> <input type="checkbox"/> 1/2" Monolithic Tempered <input type="checkbox"/> 9/6" Laminated Tempered (Glass not supplied by CRL)	<p><b>POST ATTACHMENT</b></p> <input type="checkbox"/> Core Mount <input type="checkbox"/> Surface Mount "C" Shaped Stanchion <input type="checkbox"/> Surface Mount Solid Stanchion	<p><b>COLOR</b></p> <input type="checkbox"/> Matte Black <input type="checkbox"/> Silver Metallic <input type="checkbox"/> Sky White <input type="checkbox"/> Unfinished Chromate <input type="checkbox"/> Clad in Polished Stainless Steel <input type="checkbox"/> Clad in Brushed Stainless Steel <input type="checkbox"/> Special (Specify) _____
<p><b>SUBSTRATE</b></p> <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Other _____	<p><b>POST NEEDED</b></p> <input type="checkbox"/> 180 Degree Centers _____ <input type="checkbox"/> 90 Degree Inside Corners _____ <input type="checkbox"/> 90 Degree Outside Corners _____ <input type="checkbox"/> End Posts _____	<p><b>SHOP DRAWINGS REQUIRED</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>PRODUCT SPECIFIC ENGINEERING REQUIRED</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<p><b>LAYOUT GRID TO SKETCH DESIGN</b></p>	<p><b>NOTES</b></p> <div style="border: 1px solid black; height: 200px;"></div>
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RESET BUTTON

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