



QUALITY GLASS PRODUCTS

(419) 866-5667 / (419) 866-9012 fax

DEALER _____ Phone _____

QUOTE REQUEST

Prepared by _____

ORDER

PO # _____ TAG _____ Date _____

HEAVY GLASS

degree _____ *Glass Edge View* degree _____

ALL GLASS IS VIEWED FROM **OUTSIDE**

Qty Thickness Color / Pattern Dimension (base x height)

SEAM
(ALL Sides)

FLAT POLISH
(ALL Sides)

MITRE
(see *Glass Edge View*)

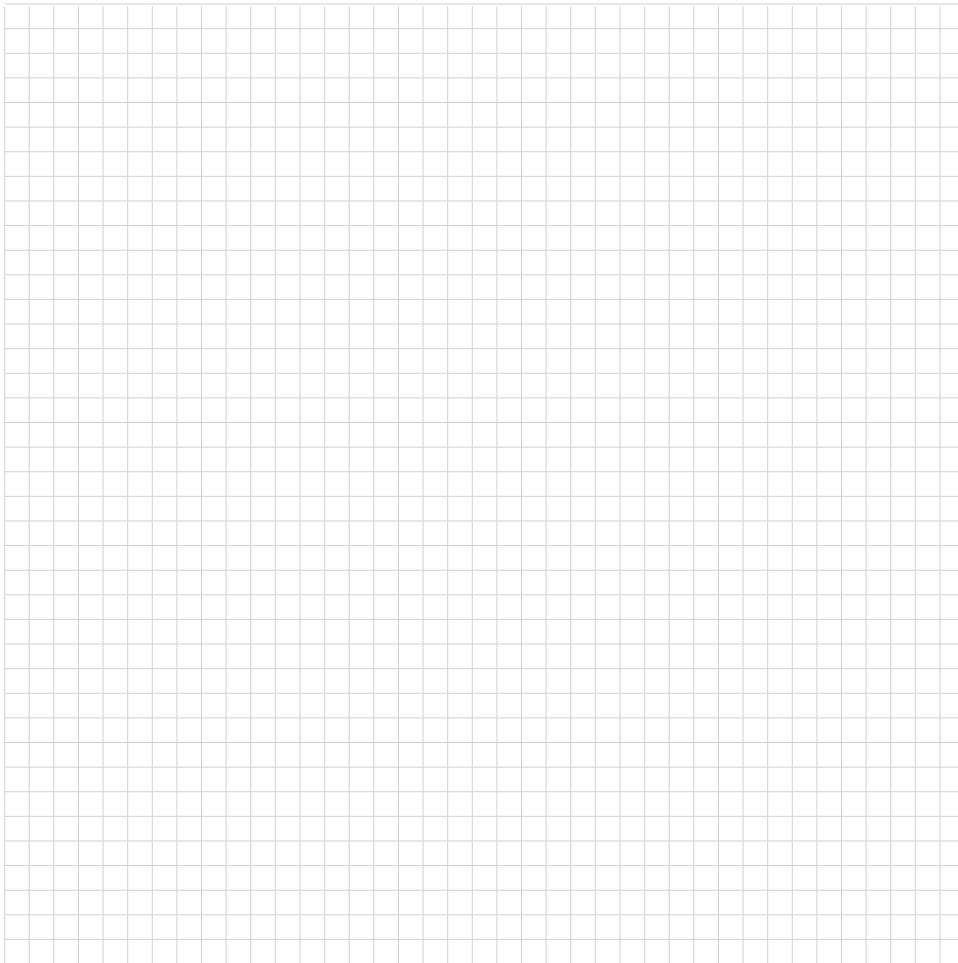
HOLES Qty _____ Diameter _____

Qty _____ Diameter _____

NOTCH Hardware Type Quantity Custom



HARDWARE REQUIRED (List) Finish _____



If out of square please indicate any 90° corners -->