

Please complete this form to receive a quote for your project. Prices will be released within 24-48 hours upon receipt of completed form. Send completed form to [estimating@skydesign.com](mailto:estimating@skydesign.com).

### Company

Company Name

Contact Name

Address

City

State

Zip Code

Phone

Email

### Project

Project Name

Architect (Include City, State)

Estimated Order Date

Estimated Installation Date

### Glass Specification

Pattern Name & Option Letter

Sample Number

Glass Thickness

Glass Type (and color if applicable)

Type of Edgework

List any holes, notches, pattern-cut panels or other custom fabrications required

Is this for Interior or Exterior application?

Would you like us to quote other areas of decorative glass?

