

Glass Form

Print this page, fill it out, then fax it back to: 201.843.3238

To service you correctly we need the following information:

Company Name _____

Your name _____

Phone # _____ Cell # _____

E-mail _____

Step 1. Make of vehicle _____ year _____ model _____ style # _____

Step 2. Type 2/dr ___ 4/dr ___ ht ___ sedan ___ conv. ___ other ___

Step 3. Select options:

- One piece windshield ___ w/antenna ___
- Split windshield l ___ r ___ pair ___
- Vent(s) l ___ r ___ pair ___
- Door(s) l ___ r ___ pair ___
- Qtr.(s) l ___ r ___ pair ___
- Qtr. vents l ___ r ___ pair ___
- Bk.glass w/heat ___ or wo/heat ___

Step 4. Select options:

- Do you want clear ___ tinted ___ or whatever is available ___
- Windshields clear ___ tinted ___ tint shaded ___

Step 5. Do you want logos & date codes yes ___ no ___

Typical logos & date codes:

These Logos are currently available along with the correct date Codes for your vehicle.
In cooperation with an authorized licensed company.

