

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.

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: Clear or Starphire (if other, please specify)

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?

