



GLASSWERKS

ORDER TAKEN BY _____

ORDER CHECK BY _____

Los Angeles Vernon Oceanside
TEL: 888.789.7810 FAX: 888.789.7820

ORDER PS# _____ QUOTE ONLY! _____ ESTIMATE DATE: _____

OVERNIGHT / REGULAR

ESTIMATE DEL. DATE: _____

CUSTOMER #	CONTACT
NAME	SHIP TO
ADDRESS	
CITY, ST.	
PHONE	FAX

PO#	<input type="checkbox"/> WILL CALL	<input type="checkbox"/> DELIVER	<input type="checkbox"/> CARRIER
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THICKNESS		GLASS TYPE		PROCESS	FABRICATION
<input type="checkbox"/> 1/8" - 03	<input type="checkbox"/> 1/2" - 12	<input type="checkbox"/> CLEAR GLASS	<input type="checkbox"/> OBSC. P-516	<input type="checkbox"/> ANNEALED	<input type="checkbox"/> FLAT POLISH
<input type="checkbox"/> 5/32" - 04	<input type="checkbox"/> 3/4" - 19	<input type="checkbox"/> BRONZE GLASS	<input type="checkbox"/> NARROW REED	<input type="checkbox"/> TEMPERED	<input type="checkbox"/> PENCIL POL.
<input type="checkbox"/> 3/16" - 05	<input type="checkbox"/> 1" - 25	<input type="checkbox"/> GREY GLASS	<input type="checkbox"/> SC BRONZE	<input type="checkbox"/> Bug	<input type="checkbox"/> SWIPE
<input type="checkbox"/> 7/32" - 5.5		<input type="checkbox"/> CLEAR MIRROR	<input type="checkbox"/> SC GREY	<input type="checkbox"/> No Bug	<input type="checkbox"/> BEVEL _____
<input type="checkbox"/> 1/4" - 06		<input type="checkbox"/> CLEAR LOW-E	<input type="checkbox"/> RAIN GLASS	<input type="checkbox"/> LAMINATED	<input type="checkbox"/> OGEE EDGE
<input type="checkbox"/> 3/8 - 10		<input type="checkbox"/> GLUE CHIP	<input type="checkbox"/>	<input type="checkbox"/> I.G.	<input type="checkbox"/> HOLES _____

LN	QTY	SIZE	Prod. Code	DESCRIPTION	SqFt. \$	Fab. \$	Unit Price
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

SPECIAL INSTRUCTIONS:
