

APPROVED BY

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Glazing Unit Quote/Order Request Form

Fax Completed Checklist to U.S. Aluminum Technical Sales at (866) 262-3299. Then call to discuss: (800) 262-5151 (U.S.), (877) 421-6144 (Canada), or (323) 588-1281 (International). Ask for Extension 5305. This form is also available online at **usalum.com**.

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COMPANY NAME					PHONE	
CONTACT ACCOUNT NO.						
JOB NAME						
QUOTE Q	ORDER F	?O. #			DATE	
INSULATING GLASS UN	IT		GAP FILL		GLAZING SPACER	
☐ 1" Insulated Glass ☐ Other	s		☐ Air ☐ Argon ☐ Xenon		☐ Aluminum ☐ Bronze ☐ Black ☐ Stainless Steel	
Exterior Glass Thickness			☐ Krypton		☐ Coated Steel (Intercept)	
Low-E Surface #1 #2 N/A			☐ Carbon Dioxide ☐ Other		☐ Silicone Foam (Super Spacer)☐ Thermoplastic/Stainless☐ Other	
Thickness					Glazing Spacer Thickr	
Low-E Surface		#4 □ N/A			☐ Grids (Optional) Sp	ecify
	B			Surface 1 ———————————————————————————————————		GlassAir SpaceSurface 2Surface 4Spacer
MARK	QTY	DIM A (WIDTH)	DIM B (HEIGHT)			INTERIOR
				Seal ———		Desiccant
					FOR OFFICE USE ONLY	
					TAKEN BY:	
					PRICED BY:	

DATE

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