REQUEST FOR PROPOSAL – RFP FORM 2007

ALL PROPOSAL REQUEST FORMS MAY BE FAXED TO: (617) 912-1040 or sent via U.S. Mail to: **Eastern Glass Tinting., PO Box 290486, Charlestown, MA 02129**

Please complete the following information

REQUESTING PROPOSAL FOR ____ COMMERCIAL ____ RESIDENTIAL ____ SAFETY & SECURITY ____ DECORATIVE

Contact Name		Phone Number	
Company		Fax Number	
e-mail address		City & State	
Time Sensitive?	Y or N	How did you find us?	
Project Name			
Location			
Site Contact			
Add'l Information			

Window Measurements

Qty	WIDTH	X	HEIGHT	LADDER/LIFT?	EXPOSURE	FILM TYPE	LOCATION	NOTES
		X						
		X						
		X						
		X						
		X						
		X						
		X						
		X						
		X						
		X						
		X						
		X						
		X						
		X						
		X						
		X						
		X						

Thank you for considering Eastern Glass Tinting Co., Inc.