



REQUEST FOR PROPOSAL

ALL PROPOSAL REQUEST FORMS MAY BE FAXED TO: (617) 912-1040 or sent via
 U.S. Mail to: **Eastern Glass Tinting Co. P.O. 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	
Additional 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						
		X						
		X						

Thank you for considering Eastern Glass Tinting Co.