



Restroom Partition Estimate/Order Cover Page

Date:

From:

Fax to: (800) 423-7610

Email to: orders@special-lite.com

Pages including this one: _____

Number of attachments to email: _____

INSTRUCTIONS: Fill in information by clicking on field, and entering text electronically. Save and print order form for your records. Order form can be faxed to 800-423-7610 or emailed with attachments to orders@special-lite.com. Be sure to name any attachments with same name entered in "Door Mark" field of order form.

Estimate

Purchase Order: Your PO #: _____ **Signature:** _____

This job was estimated by Special-Lite. Please provide E#: _____

Special-Lite to provide Submission Drawings at additional cost

Contact: _____

Customer #: _____

Company: _____

Email*: _____

Phone #: _____

Bill To: _____

Fax #: _____

Cell #: _____

Ship To: _____

Freight:

- Prepaid and added to invoice (Default)
- Collect (not available if shipped to job site)
- Third Party (bill to address on file with S-L)
- Customer Pickup

Use Ship-to address on file with Special-Lite

Product is shipped F.O.B. Decatur, MI

Please indicate when material is needed. ____ / ____ / ____

Date required for shipment: ____ / ____ / ____

END USER

JOB LOCATION

Organization Name: _____

Building Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Contact Name: _____

Contact Phone: _____

Architect Firm: _____

Contact Email: _____

Architect Name: _____

Special-Lite, Inc.

P.O. Box 6, Decatur, MI 49045

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