



# Estimate/Order Cover Page

Date: \_\_\_\_\_

From: \_\_\_\_\_

Email orders to: orders@special-lite.com

Fax to: (800) 423-7610

Email estimates to: estimating@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:** Bid Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Product Requested By \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Purchase Order:** Your PO #: \_\_\_\_\_ Signature: \_\_\_\_\_

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

This job was estimated with the Satellite estimating program. Include Satellite estimate with P.O.

Special-Lite to provide Submission Drawings at additional cost

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Company: \_\_\_\_\_

Fax #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Bill To: \_\_\_\_\_

Ship To: \_\_\_\_\_

Freight: \_\_\_\_\_

Product is shipped F.O.B. Special-Lite

Use Ship-to address on file with Special-Lite

Delivery Call-Ahead: \_\_\_\_\_

Delivery Contact Name: \_\_\_\_\_

Delivery Contact Phone: \_\_\_\_\_

Preferred Ship Date is REQUIRED:

Best Available

Preferred Ship Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## END USER

## JOB LOCATION

Organization Name: \_\_\_\_\_

Job/Bldg. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Architect Firm: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Architect Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_