



Estimate/Order Cover Page

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1 PROJECT INFO Estimate Bid Date _____ Product Requested By Date _____ PO# _____ E# _____ Special-Lite to provide submission drawings at additional cost? Yes No	2 CONTACT Name _____ Company _____ Phone # _____ Email _____	3 BILLING ADDRESS Name _____ Address _____ City _____ State or Province _____ Postal Code _____
4 SHIPPING ADDRESS Name _____ Address _____ City _____ State or Province _____ Postal Code _____ Use shipping address on file with SL	5 FREIGHT Prepaid and added to invoice (default) Collect (not available if shipped to job site) Third Party (bill to address on file with SL) Customer Pickup	6 DELIVERY CALL AHEAD No 24 hr 48 hr Delivery Contact Name _____ Delivery Contact Number _____ Required Fields for Drop Shipments Residential Restricted Lift Gate
7 SHIP DATE (REQUIRED) Best Available Preferred Ship Date _____	8 END USER Organization Name _____ Address _____ City _____ State or Province _____ Postal Code _____ Contact Name _____ Contact # _____ Contact Email _____	9 JOB LOCATION Job/Bldg. Name _____ Address _____ City _____ State or Province _____ Postal Code _____ Architect Firm _____ Architect Name _____