

SL-FVP & SL-FVP-P  
**Flush Vision Panels**  
 Estimate/Order Form



Email Estimates to: [estimating@special-lite.com](mailto:estimating@special-lite.com)

Form Type:

Email Orders to: [orders@special-lite.com](mailto:orders@special-lite.com)

JOB INFORMATION			
Date:	<input type="text"/>	Job/Building Name:	<input type="text"/>
Job Bid Date:	<input type="text"/>	Building Type:	<input type="text"/>
Requested Ship Date:	<input type="text"/>	Job/Location/Address:	<input type="text"/>
Contact:	<input type="text"/>	Ship To Address:	<input type="text"/>
Company:	<input type="text"/>	City/State/Zip:	<input type="text"/>
Phone#:	<input type="text"/>	Customer P.O.#:	<input type="text"/>
Bill To Address:	<input type="text"/>	Estimate#:	<input type="text"/>
City/State/Zip:	<input type="text"/>	Delivery Call Ahead:	<input type="text"/>
Email:	<input type="text"/>	Delivery Contact # to Call:	<input type="text"/>
Architect Firm:	<input type="text"/>	Freight Options:	<input type="text"/>

FLUSH VISION PANELS		
Door Mark ID:	<input type="text"/>	← Please also submit door form. Indicate panels in hardware schedule.
Flush Vision Panel Model:	<input type="text"/>	
Quantity:	<input type="text"/>	← Sealant will match border selected finish.
Finish:	<input type="text"/>	
Size:	<input type="text"/>	
<i>Panel Thickness = 1 3/4"</i>		
Enter if Custom Size:		
Width (in.):	<input type="text"/>	<ul style="list-style-type: none"> <li>• Min. size 8"</li> <li>• Not to exceed 4 sq ft. in area</li> <li>• Height must be greater than or equal to width</li> </ul>
Height (in.):	<input type="text"/>	
<i>Flush Vision Panel (SL-FVP) Only:</i>		
Internal Frosting:	<input type="text"/>	
<i>Privacy Flush Vision Panel (SL-FVP-P) Only:</i>		
Handle Selection:	<input type="text"/>	
Comments:	<input style="width: 100%; height: 100%;" type="text"/>	