



TV Mirror Custom Quote Form

Company: _____
Address: _____

Ship to: _____

Contact person: _____
Phone: () _____ - _____
Email: _____
Designer: _____

Delivery Information:
Delivery Date: ____/____/____
 Commercial or Residential
Lift gate required Yes or No

Mirror Custom Size: _____(Width) x _____(Height) MAX glass sheet 126" x 84" Quantity: _____
 Matching Mirror: _____(W) x _____(H) Quantity: _____

TV Size: 17" ClearView 1-inch thick, 4:3 ratio, 720p (Standard Bathroom LCD HDTV)
 24" ClearView 1-inch thick, 16:9 ratio, 1080p (Bathroom LCD HDTV)
 28" 32" 40" 43" 48" 49" 50" 55" _____" Size (7" to 90")

TV Location: See 2nd Page Customer's drawings included or attached

Mounting: Surface Mount or Recessed

Custom Options: Clock Motion Sensor Shape (Specify: _____)
 Sconce(s) Arch Other: _____

Clearview Lighting Style:
(if applicable)

	IM-1 (left & right)
	IM-2 (top & bottom)
	IM-3(all sides on edge)
	IM-4 (left/right on edge)

	IM-5 (top/bottom on edge)
	IM-6 (all sides, open corners)
	IM-7 (top only)
	IM-8 (round)

Application: Bathroom Guest Room Bar Lobby Restaurant
 Digital Signage Android App Other _____

Frame: Yes No Profile ID: _____ or Customer profile drawing attached

Notes and Special Instructions: _____

Please fax this form to: 847-235-6277 Attention: Sales Or email to your Sales Representative

