Customer Info:

Customer: _____

Address: _____

City: _____ State: ____ Zip: _____

Home: _____Work: _____

Cell: _____Fax: _____

Job Site: (If different)

Address: _____

City: _____ State: ____ Zip: _____

Other Contact: _____

Home: _____Work: _____

Cell: _____Fax: _____

Replacement Window Measurements

Windoor Rep: _____

Date: _____

Request Taken by: _____ ☐ In Store ☐ Phone

Customer Needs to be Home: ☐ Yes ☐ No

Installation:

☐ **NO INSTALL**

Required:

☐ Wrap Windows
☐ Foam Wrap
☐ Painting
☐ Trim #_____
☐ Extension Jambs _____ "

Existing Windows:

☐ Wood
☐ Aluminum
☐ Vinyl

Existing Structure:

☐ Alum/Vinyl Siding
☐ Wood Siding
☐ Brick Veneer
☐ Combo Brick/Siding
☐ Solid Masonry
☐ Other: _____

Window Specs:

Manufacturer: _____Series:_____ Color: _____ Interior: _____

Grill Type:_____ Screen:_____

Window Style	Room	Floor	Opening Size: INTERIOR	Grills	Low E	Tempered	Obscure	Opening Size: EXTERIOR
			X					X
			X					X
			X					X
			X					X
			X					X
			X					X
			X					X
			X					X
			X					X
			X					X
			X					X
			X					X
			X					X
			X					X
			X					X
			X					X
			X					X
			X					X
			X					X
			X					X
			X					X

NOTES: