



Tupelo Tint & Auto Glass
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*******Important:** incomplete forms will delay processing*****

Contact _____

Phone (_____) _____ Cell (_____) _____ Fax (_____) _____

E-mail _____

City _____ State _____

Project name _____ Source of Lead _____

New Construction Existing building Proposal deadline _____

Competitive: Yes NO Other _____

Application type: Solar Control Security Specialty/ frosted Other _____

Is there a contract involved in this project: Yes No

If yes, is there a product specified in contract: Yes No

If yes, what product _____

Project Manager/ General Contractor contact number (_____) _____

Equipment: Scaffold Ladder work Lift

Please specify total square footage requiring equipment _____

Film stripping required: Yes No

If yes, please specify square footage requiring stripping _____

Quantity	Window schedule (sizes)	Quantity	Window schedule (sizes)	Quantity	Window schedule (sizes)
(____)	____ X ____	(____)	____ X ____	(____)	____ X ____
(____)	____ X ____	(____)	____ X ____	(____)	____ X ____
(____)	____ X ____	(____)	____ X ____	(____)	____ X ____
(____)	____ X ____	(____)	____ X ____	(____)	____ X ____
(____)	____ X ____	(____)	____ X ____	(____)	____ X ____
(____)	____ X ____	(____)	____ X ____	(____)	____ X ____
(____)	____ X ____	(____)	____ X ____	(____)	____ X ____

Do these sizes include + 4" on the Width and Height: Yes No

Additional Information _____

