# barbicanwalls S200 request for quote

## ADMINSTRATIVE DETAILS

Project Name _____ Ship to Zip Code _____

City _____ Quote Requred Date _____ average return time 48 hours

Your Company _____ Billing Address _____

Contact Name _____

Email _____

Phone _____

## SPECIFICATION

**LAYOUT DRAWING** ☐ DESIGN ☐ SKETCH ☐ CAD ☐ DWG ☐ SPECIFICATIONS ☐ None Attached

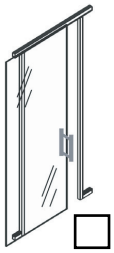
**CEILING TYPE** ☐ Drop Ceiling ☐ Drywall ☐ Freestanding ☐ Other (specify) **CEILING HEIGHT** _____

**FRAME COLOR** ☐ Silver ☐ Black ☐ White ☐ RAL (specify) _____ 5% Upcharge

**GLASS SPEC** ☐ Tempered ☐ Laminated **GLASS THICKNESS** ☐ 3/8" (8'H maximum ) ☐ 1/2" (10'H maximum)

**DOOR SPEC**

**DOOR TYPE** ☐ Glass Swing



☐ Glass Sliding (frameless)

☐ Solid (specify)

**SLIDING CLOSERS** ☐ Soft Open/Close ☐ None

**DOOR HEIGHT** _____

**DOOR HARDWARE** **SWING** Choose **HINGES** Choose **SLIDING** Choose

**HARDWARE FINISH** ☐ Brushed Stainless ☐ Polished Stainless ☐ Matte Black

**NOTE/COMMENTS**