



Equipment Quotation Request Form

Date: _____

Fax this completed form to: **866-584-9722**

or e-mail to: **somaca@crlaurence.com**

Company: _____ Contact: _____

Phone: _____ Fax: _____ E-mail: _____

Specific Machine Model or Part Number: _____

Glass to be Processed: _____

Max Size: _____ X _____ Min Size: _____ X _____ Thickness Range: _____

Power Requirements – Available at Your Facility

Voltage: _____ Hertz: _____ Phase: _____ Available Amperage: _____

Edging / Beveling –

Preferred Profile: Pencil Flat/Seam Bevel Other

Production Target: Mirrors Shelving Furniture Cabinetry Storefront

Washing Machines –

Product: Insulating Glass Tempering Fabricating Framing Other

Water Supply: City Well Softened De-ionized Filtered

Space Available: _____ X _____ Ceiling Height: _____

If Replacing Existing Equipment, List MFR, Model, Age: _____

If Adding Component to Existing Line, Please Provide Line Detail: _____

Budgetary Target: _____

Special Comments or Requests: _____
