



Today's Date _____ Scheduled Install Date _____

Estimate Proposal

Dealer Information

Company _____

Phone (_____) _____

Sales Rep _____



Customer Information please type or print clearly

Customer Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Work Phone (_____) _____

Warranty Type

Residential *Lifetime* Commercial *10 Years* Five Year Glass Breakage Coverage Two Year Seal Failure Coverage

This estimate proposal is not a warranty certificate. See established geoshield warranty.

Room	Exposure	W x H	# of Lites	Calculations	Square Feet
WINDOW DESCRIPTION:					TOTAL SQ. FT.
<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Low e <input type="checkbox"/> Tempered <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/4"					PRICE

ACKNOWLEDGEMENT: All work is guaranteed by the installing dealer to be performed in a professional manner. Any alterations and/or deviations to the above specified Estimate Proposal involving cost changes must be agreed upon in writing by both parties. This Estimate Proposal may be withdrawn at the option of the installing dealer if not accepted within _____ days from its issuance date.

Dealer _____ Customer _____ Date _____
 Signature _____ Signature _____

ACCEPTANCE: This Estimate Proposal shall constitute a contract only when signed by both parties. Only fully paid contracts will activate warranty coverage. Payment in full at installation completion is understood and accepted as the "Payment Term" unless otherwise agreed upon in writing by both parties. All performance agreements are contingent upon strikes, accidents or delays beyond the control of the installing dealer.

Dealer _____ Customer _____ Date _____
 Signature _____ Signature _____