

15 kensico Drive • Mount Kisco, NY 10549 • (800) 244-5432 Phone • (914) 244-9210 FAX

Glass Counter Top Quote Request Form

Name/Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Type of Glass (Regular or Low Iron): _____

Thickness: _____

Painted or Sandblasted?: _____

Sink (Over or Undermount): _____

Cut Outs (What Type): _____

Other Options (Drain Grooves, Etc.): _____

Popular Supports Available For Overhangs/Raised Bar Tops

Rough Guide: One support for each 30" of length, one for each 8" of depth.

Type: _____ Quantity Required: _____

• 2" Diameter x 6" Tall: _____

• 4-1/2" Diameter x 6" Tall: _____

• 2" Diameter x 30" Tall: _____

• 2" Diameter x 42" Tall: _____

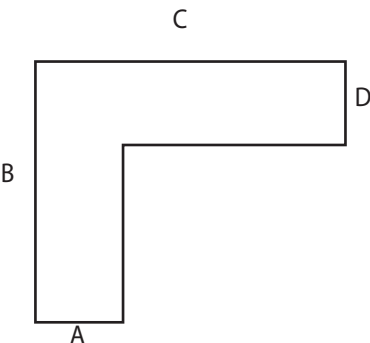
• Offset Support - 2" Diameter x 30" Tall: _____

Enter your counter top dimensions next to one of the drawings below.



Enter Length A in Inches: _____

Enter Length B in Inches: _____

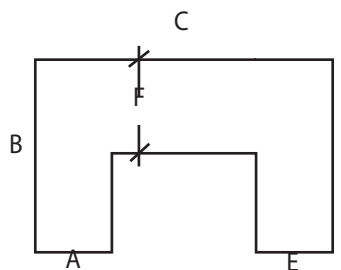


Enter Length A in Inches: _____

Enter Length B in Inches: _____

Enter Length C in Inches: _____

Enter Length D in Inches: _____



Enter Length A in Inches: _____

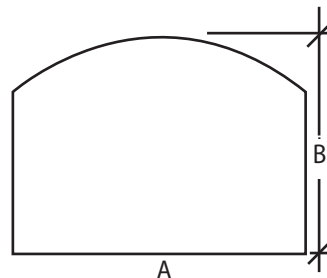
Enter Length B in Inches: _____

Enter Length C in Inches: _____

Enter Length D in Inches: _____

Enter Length E in Inches: _____

Enter Length F in Inches: _____



Enter Length A in Inches: _____

Enter Length B in Inches: _____

Please fax or email this form to get a written quote back within 1 business day.