



TEMPLATE INTAKE FORM

DATE: _____

CUSTOMER NAME:

TAG:

TOTAL# OF TEMPLATES:

PLEASE NOTE-IF MORE THAN ONE PIECE PER TEMPLATE IS REQUIRED MAKE SURE IT IS CLEARLY MARKED**

TOTAL# OF HOLES:

ARE TEMPLATES FULL SIZE: YES/NO

- **IF NO – THE SIZES MUST BE INDICATED CLEARLY ON THE TEMPLATES OR YOU MUST PROVIDE THE OFFICE STAFF WITH INSTRUCTIONS AND DRAWINGS.**

GLASS THICKNESS:

- 6MM
- 8MM
- 10MM
- 12MM

STAMP: YES/NO

STAMP LOCATION:

IS TOP MARKED ON TEMPLATES: YES/NO

ARE CUT-OUTS CLEARLY MARKED: YES/NO

****IF NO-PLEASE SEND A DRAWING****