

Customer Name: _____

Email: _____ Phone: _____

Address: _____

System	Post	Glass Thickness	Mounting	Height
<input type="checkbox"/> Press & Latch	<input type="checkbox"/> Square	<input type="checkbox"/> 3/8"	<input type="checkbox"/> Top Mount	<input type="checkbox"/> 36"
<input type="checkbox"/> Seattle Bar	<input type="checkbox"/> Round	<input type="checkbox"/> 1/2"	<input type="checkbox"/> Side Mount	<input type="checkbox"/> 42"
<input type="checkbox"/> Chicago Glass	Handrail			<input type="checkbox"/> Custom
<input type="checkbox"/> Virginia Glass	<input type="checkbox"/> Square			
<input type="checkbox"/> Spigot Glass	<input type="checkbox"/> Round			
<input type="checkbox"/> Glass Adapter	<input type="checkbox"/> Without			
	<input type="checkbox"/> Wood/Other			

*Refer to our [Virtual Showroom](#) to understand type and compare systems. Please return this completed form with additional photos, plans, information, etc. attached to **sales@inlinedesign.us** or by fax to **866 864 0608**. Thank you!*

Comments/Additional Requests: _____

How did you hear about us? Google | Referral | Social Media | Other _____





