

GORDON'S
COBDOVIL
GLASS, LTD.

CUSTOMER INFORMATION GUIDE
PLEASE FILL OUT AND FAX TO 215-918-2055

ASSOCIATES INFORMATION

STORE NUMBER _____ STORE LOCATION _____

ASSOCIATES NAME _____ DIRECT PHONE _____

E-MAIL _____ P.O. NUMBER _____

CUSTOMER INFORMATION

CUSTOMER NAME _____

CHECK ONE: RETAIL ___ CONTRACTOR ___ DESIGNER ___

JOB ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBERS

HOME _____ WORK _____

CELL _____ FAX _____

PRODUCT INFORMATION

MODEL NUMBER _____ HARDWARE COLOR _____

GLASS TYPE (CLEAR, LOW IRON, OR PATTERN) _____

HEIGHT _____ WIDTH _____ LIST PRICE _____

(OPTIONAL) PORTALS HANDLE (MODEL NUMBER) _____

SPECIAL COMMENTS: _____

GORDON'S GLASS FOLLOW UP (TO BE FILLED OUT BY MEL GORDON OR FRANK MALFARA)

DATE CUSTOMER CONTACTED _____

DATE OF MEASURE _____

APPROXIMATE INSTALLATION DATE _____

COMPLETION DATE _____