

GLASS CONTRACTOR BID FORM

Homeowner Name _____
 Address: _____
 City/State/Zip: _____
 Phone: _____

Installer: _____
 Address: _____
 City/State/Zip _____
 Phone: _____
 Contractor's License No. _____

Window Number	/ if Window Omitted	Screens	Existing Type	Level 1,2,,B	Finish	Safety Temp.	Frame Width	Frame Height	Square Feet	Proposed Type	Air Space	Cost
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

Eligible Sq. Ft.

Manufacturer's Name _____

Energy Star® rated? (NFRC tested U value ≤ 0.30*) Yes _____ No _____
 *NFRC tested U Value ≤ 0.35 for SGD's allowed

COST	\$
TAX	\$
TOTAL	\$
REBATE AMOUNT	\$
FINANCED AMOUNT	\$
CUSTOMER TOTAL	\$

Homeowner Signature _____ Date _____

Contractor Signature _____ Date _____