

Quote Request Form

Please fill out and send to interiors@agam.com

CONTACT & SHIPPING INFORMATION

Project Name: _____

Original Estimate Request: ☐ Yes ☐ No ☐ Revised Estimate #: _____

Estimate Due Date: _____ Expected Install Date: _____

Dealer: _____ Sales Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Project/End User Contact: _____

Project Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

GENERAL INFORMATION AND SITE CONDITIONS

General Scope of Work Description: _____

Ship to: ☐ Project Site (Listed Above) ☐ Dealer ☐ Other (Provide Address Below)

Street Address: _____

City: _____ State: _____ Zip: _____

Project Floor Location: _____ Loading Dock: ☐ Yes ☐ No Freight Elevator: ☐ Yes ☐ No

BUILDING AND PLANNING ITEMS

Ceiling Attachment (Y or N): _____ Explanation: _____

Ceiling Type: Suspended ☐ Yes ☐ No Hard Lid: ☐ Yes ☐ No Tile Type: _____

Ceiling Height: _____ Reinforced for Glass: ☐ Yes ☐ No

Variances: _____

Open or Exposed Ceiling Structure: _____

Quote Request Form (continued)

Ceiling Interferences: ☐ Yes ☐ No

☐ HVAC Ducts ☐ Lighting ☐ Fire Suppression ☐ Technology

☐ Other _____

FLOORS AND WALLS

Special Window Conditions: _____

Special Wall Conditions: _____

Walls reinforced for attachment: ☐ Yes ☐ No Type: _____

Type of Floor: ☐ Poured Slab Concrete ☐ Raised Floor ☐ VCT ☐ Wood

☐ Other _____

Floor Variance: ☐ Yes ☐ No

PRODUCT TYPE

Glazing Thickness: ☐ 1/4" ☐ 3/8" ☐ 1/2"

Glass Type: ☐ Standard Tempered Glass ☐ Laminated Glass

☐ Standard Single Pane Glass ☐ Double Pane Glass

Glass Treatment: ☐ Standard Clear ☐ Opaque Treatment: _____

Door type: ☐ Swing ☐ Sliding

Door Construction: ☐ Wood/Laminate ☐ Aluminum Framed ☐ All Glass

Hardware Type: ☐ Agam Standard ☐ Special: _____

BUILDING SPECIAL CONDITIONS AND CODE OR TESTING REQUIREMENTS?

PLEASE PROVIDE SKETCH OR DRAWING FILE (PDF/DWG/STEP FILES)

ANY OTHER CONSIDERATIONS

