



Independent Glass Distributors

Date: _____

RV/BUS Windshield Request Form

Company Information:

Name: _____ Address: _____ Province: _____

Postal Code: _____ Phone: _____ Email: _____

RV/BUS Information

Year: _____ Make: _____ Model: _____

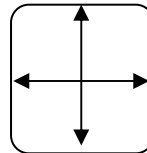
RV/Bus serial #: _____

's on windshield: _____

Windshield Manufacturer: _____

Windshield Size:

Height = _____ Width = _____



measure through
center and
edge to edge

Side needed → *Passenger* *Driver* *Both* *One-piece*

Color: *Tinted* *Shaded* *Bronze*

Black frit: *Yes* *No*

Installation: *Urethane set* *Gasket set*

Additional Info:

Glass Reply Information

Availability → **In stock** **Special order** **Dealer only**

Windshield \$ _____

Crate \$ _____

Freight \$ _____

Molding/Gasket \$ _____

Total \$ _____

Order Information

Shipping address: _____ **Name:** _____

Purchase Order # _____ (please print)

VIA: _____