

# Commercial Questionnaire



Protecting and Beautifying  
Everything Under the Sun.

Date: \_\_\_\_\_ Phone 1: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 City: \_\_\_\_\_ Fax: \_\_\_\_\_  
 State: \_\_\_\_\_ Preferred contact method: \_\_\_\_\_  
 Zip: \_\_\_\_\_ How did you hear about us: \_\_\_\_\_

- Glass dimensions should be measured from edge-to-edge of the GLASS pane and should not include any part of the frame or rough opening.
- Solar-Tex, Inc. is not responsible for inaccurate measurements. Additional charges may be added at the time of installation if additional window film is required.
- Form completion requires Adobe Reader. Click [here](#) to download for free.

	# of Panes	Glass Pane W" x L"	Exposure	Room	Height above floor	Notes: Any skylights or windows of any shape other than rectangular or square.
1.		x				
2.		x				
3.		x				
4.		x				
5.		x				
6.		x				
7.		x				
8.		x				
9.		x				
10.		x				
11.		x				
12.		x				

Your reason for considering film: \_\_\_\_\_

- If you downloaded this form as a pdf, please fill out the form, click File > Save As > Save to Desktop > designate a name to save the form. Then email or fax back to Solar-Tex, Inc.
- If this form was emailed to you as a pdf, please fill out the form, click File > Save As > Save to Desktop > designate a name to save form and reply to e-mail from Solar-Tex, Inc. and add the completed form as an attachment.

614.888.2960 (fax) info@solartexinc.com

**Thank you for your interest in our products and services.**

