

Residential 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.

