



Independent Glass Distributors Ltd.

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Auto Glass Request Form

Customer Information

Store name & location: _____ Date: _____

Phone: _____ Fax: _____ Email _____

Vehicle Information

Year: _____ Make: _____ Model: _____

NAGS Part Number

Part Location - W/S Left F/D Right F/D Left R/D Right R/D

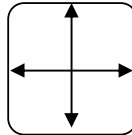
Part Location - Left F/V Right F/V Left R/V Right R/V Back

Part Location - Left Qtr Right Qtr

measure through center and edge to edge

Glass Block Size:

Height = _____ Width = _____



Side needed →	<i>Passenger</i>	<i>Driver</i>	<i>Both</i>	<i>One-piece</i>
Color:	<i>Tinted</i>	<i>Shaded</i>	<i>Bronze</i>	<i>Privacy</i>
Black frit	<i>Yes</i>	<i>NO</i>		
Installation:	<i>Urethane set</i>		<i>Gasket set</i>	
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: _____