



Independent Glass Distributors Ltd.

E-mail edm@igdglass.com

Toll-free 1-866-766-0200

Fax (780) 440-0243

RV/BUS Windshield Request Form

Customer Information

Store name & location: _____ Date: _____

Phone: _____ Fax: _____ Email _____

RV/BUS Information

Year: _____ Make: _____ Model: _____

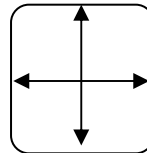
RV/Bus serial# _____

'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: _____