



# FIRE-RATED GLAZING QUOTE REQUEST

**McGRORY GLASS**

**All items must be completed for quote to be processed.**

COMPANY _____	DATE _____
REQUESTED BY _____	PROJECT NAME _____
ADDRESS _____	ARCHITECT _____
CITY/STATE/ZIP _____	PHONE _____
PHONE _____	CITY/STATE _____
FAX _____	PRODUCT SPECIFIED _____ <i>(Send architectural specs, if available)</i>
E-MAIL _____	DATE PRODUCT REQUIRED ON JOB _____

## IMPACT SAFETY LOCATIONS

*(Doors, sidelites and other "hazardous" openings)*

**PRODUCT DESIRED**     Fireglass 20     FireLite NT     FireLite Plus  
 FireLite Plus IGU     Pyrostop     Pyroshield Plus

**FIRE RATING REQUIRED**     20 min.     45 min.     60 min.  
 90 min.     2 hr.     3 hr.

**SURFACE FINISH**  
*(FireLite NT)*     Premium     Standard     Obscure

PCS.	SIZE REQUESTED
	X
	X
	X
	X
	X
	X
	X
	X

## NON-IMPACT SAFETY LOCATIONS

*(Openings other than doors where human impact is not a concern)*

**PRODUCT DESIRED**     Fireglass 20     FireLite  
 FireLite IGU     Pyrostop

**FIRE RATING REQUIRED**     20 min.     45 min.     60 min.  
 90 min.     2 hr.     3 hr.

**SURFACE FINISH**  
*(FireLite)*     Premium     Standard     Obscure

PCS.	SIZE REQUESTED
	X
	X
	X
	X
	X
	X
	X
	X