

Window Tint Estimate Form

Complete the following information and either email the form to jean@nolawindowcleaningandtint.com or text a pic to 504-884-3179. If you can attach pictures of the windows – that would be very helpful.

	t Information	F	
Name:			
Street Address:		Phone:_	
Zip:			
l would l	ike an estimate for:		
	Professional Suggestion Based On My Project Goals Non-Reflective Daytime Privacy/Reflective		www.decorativefilm.com). Please include name or SCU.
What are	e your project goals?		
	Heat Reduction		Privacy/Branding
	Glare Control		Safety/Security
	UV Protection/Fade Reduction		Decorative/Frosted
Project Ti	imeline:		
	ASAP		Three to six months
	Next Week or Two		Just Checking on Pricing
	One to three months		Other:
Take the	Measurements:		
Diago pr	rovide the measurements for EACH PANE you v	vould like tin	tad:

Location/Ro	le the measureme	# of Panes	Width	Length	Exposure
Example:	Living Room	10	36	48	West
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