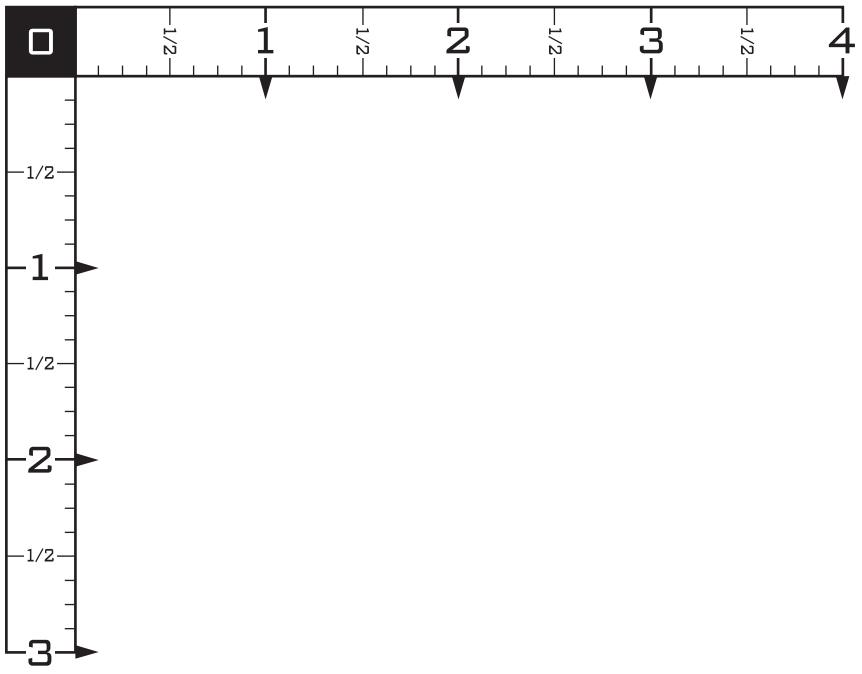
Fluorolite Plastics™

We've got you covered

TRACE 'N' FAX©

REQUEST a QUOTE Form



Overall Length:

Overall Width:

Overall Depth:

Quantity:

Wrap Color:
CLEAR PRISM ☐ WHITE ☐

End Cap Color:
CLEAR PRISM ☐ WHITE ☐ N/A ☐

Special Features: (holes, clips, springs, etc.)

FOR FLUOROLITE USE ONLY!

PART #

COST EACH

LEAD TIME

QUOTE #

** REQUIRED INFO!*

*** Date:**

*** Company name:**

*** Tel #:** **Fax #:**

*** Contact person:**

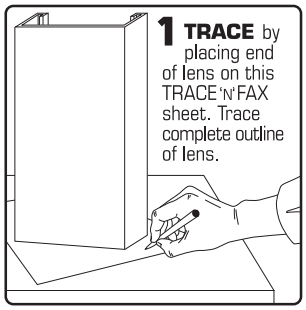
Job reference:

P.O.#:

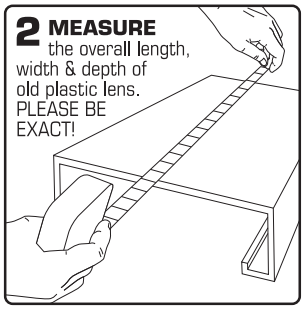
Address:

City/State/Zip:

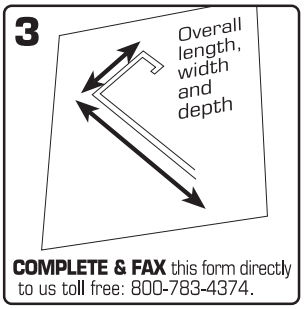
Email:



1 TRACE by placing end of lens on this TRACE 'N' FAX sheet. Trace complete outline of lens.



2 MEASURE the overall length, width & depth of old plastic lens. PLEASE BE EXACT!



COMPLETE & FAX this form directly to us toll free: 800-783-4374.

IMPORTANT!

If the lens profile is larger than the provided space, simply trace one side of the lens and measure the overall width

Customer Service Tel: **800-858-1201** Toll Free Fax: **800-783-4374**

A video demonstration on how to use this form can be found at: **www.Fluorolite.com**