EXPRESS WINDOW FILMS
INSTALLATION ANALYSIS FORM

buytint.com

Installer Company & Name		
Address		
City	State	Zip
Phone	Fax	
Cell Phone	Email	

Retail Customer Name		
Address		
City	State	Zip
Phone	Fax	
Cell Phone	Email	

COMMENTS / SOLAR CONTROL OBJECTIVES:

Application Details:

Location Name	Quantity	Height	Width	Glass Type	Exposure
Example: Living Room	3	73	33	Single	West

FAX COMPLETED FORM TO (203)798-2253 or Email to: forms@buytint.com