

Company

Company Name

Contact Name

Address

City

State

Zip Code

Phone

Email

Project

Project Name

Skyline Design Quote Number

Project Award Date

Estimated Order Date

Estimated Install Date

Number of Samples Required

Size of Samples Required (4"x4" standard / 4"x8" custom)

Notes

Letter of Intent to Purchase

_____ has been awarded this project and we intend to purchase this product (pending architect/designer approvals) from Skyline Design per the terms outlined in the above-referenced quote(s).

The following samples are required for submittal. [Please provide a list including: number of samples required; size of samples required; Skyline Design application specified; pattern layout, scale, and color information; glass thickness; and glass type for each. You may attach a separate page, if necessary.]

We will do our best to accommodate your sample request as quickly as possible. Due to application procedures, some applications may only be available in certain size and glass configurations. More information may be required; a Skyline Design sales support representative will contact you regarding the details of your sample request. For more information, please contact your Skyline Design sales support representative. We appreciate your business.

Signature

Date