

Dealer: _____ Date: _____ Quote Only
 Dealer PO

Attn: _____ Phone: _____ Fax: _____

RAILING WORKSHEET

Provide a sketch of your deck dimensions _____ Indicate post size & locations with *(optional)*

Indicate existing post locations with 1-3/4" (9005) 2-1/2" (9006) 3-1/2" (9060)

Indicate Stair Locations and Direction

Standard CrystaLite Details

WIND LOAD

mph | exposure

WM = Wall Mount SM = Surface Mount
 QL = Quick Lock WC = Wrapped Corner
 TT = Threaded Terminal TB = Turnbuckle
 FSTT = Field Swaged Threaded Terminal

COLOR

White Almond Green Bronze
 Grey Black Custom _____

TOP RAIL

9000 9001 9039 9036 9023 9002

NOT FOR USE ON STAIRS

MOUNTING

Side Mount - Shear blocks attached by other.
A completed Fascia Mount Worksheet is REQUIRED at time of order.

Deck Mount Side Mount

Field Fasteners: Included By Other

HEIGHT

36" tall 42" tall

LOCATION

Residential Commercial

RAILING SYSTEM

Flats: 1/4" Glass 5/8" Picket 1/8" SS Cable
Stairs: 1/4" Glass 5/8" Picket 1/8" SS Cable
Gates: 1/4" Glass 5/8" Picket 1/8" SS Cable

MISC.

Glass Color: (if applicable)
 Clear Bronze Gray _____

Note: Glass ordered after measurement of installed railing.

Deck Material: _____

Field Measure by: CrystaLite Other _____

Installed by: CrystaLite Other _____

FOB: Dealer Jobsite

NOTES

Estimated Dealer Cost _____
quote good for 30 days

Total Lineal Feet _____



EVERETT
 phone: 1-800-666-6065
 fax: 425-258-6734

SPOKANE
 phone: 1-800-382-5403
 fax: 509-921-2137

SALEM
 phone: 1-800-664-1257
 fax: 503-391-0974