

CUSTOM FRAMING ESTIMATE REQUEST

Personal Information

Name		
City	State	Zip
Phone #	Email	

Item #1			
Piece Name		Shadow Box? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Media Type		Size	
Mount? <input type="checkbox"/> Yes <input type="checkbox"/> No	**If no, skip. **	Mat Width	Mat Height
Frame? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frame Type <input type="checkbox"/> Lavo <input type="checkbox"/> Aged Steel <input type="checkbox"/> Traditional <input type="checkbox"/> Texture <input type="checkbox"/> Floater <input type="checkbox"/> Classics <input type="checkbox"/> Brights <input type="checkbox"/> Warm Rustics <input type="checkbox"/> Burlwoods <input type="checkbox"/> Distressed Woods <input type="checkbox"/> Other _____		
Glass? <input type="checkbox"/> Yes <input type="checkbox"/> No	Glass Type <input type="checkbox"/> Regular Clear <input type="checkbox"/> Reflection Control <input type="checkbox"/> Plexiglass <input type="checkbox"/> Conservation Clear <input type="checkbox"/> Museum Glass <input type="checkbox"/> Other _____		

Item #2			
Piece Name		Shadow Box? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Media Type		Size	
Mount? <input type="checkbox"/> Yes <input type="checkbox"/> No	**If no, skip. **	Mat Width	Mat Height
Frame? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frame Type <input type="checkbox"/> Lavo <input type="checkbox"/> Aged Steel <input type="checkbox"/> Traditional <input type="checkbox"/> Texture <input type="checkbox"/> Floater <input type="checkbox"/> Classics <input type="checkbox"/> Brights <input type="checkbox"/> Warm Rustics <input type="checkbox"/> Burlwoods <input type="checkbox"/> Distressed Woods <input type="checkbox"/> Other _____		
Glass? <input type="checkbox"/> Yes <input type="checkbox"/> No	Glass Type <input type="checkbox"/> Regular Clear <input type="checkbox"/> Reflection Control <input type="checkbox"/> Plexiglass <input type="checkbox"/> Conservation Clear <input type="checkbox"/> Museum Glass <input type="checkbox"/> Other _____		

Item #3			
Piece Name		Shadow Box? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Media Type		Size	
Mount? <input type="checkbox"/> Yes <input type="checkbox"/> No	**If no, skip. **	Mat Width	Mat Height
Frame? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frame Type <input type="checkbox"/> Lavo <input type="checkbox"/> Aged Steel <input type="checkbox"/> Traditional <input type="checkbox"/> Texture <input type="checkbox"/> Floater <input type="checkbox"/> Classics <input type="checkbox"/> Brights <input type="checkbox"/> Warm Rustics <input type="checkbox"/> Burlwoods <input type="checkbox"/> Distressed Woods <input type="checkbox"/> Other _____		
Glass? <input type="checkbox"/> Yes <input type="checkbox"/> No	Glass Type <input type="checkbox"/> Regular Clear <input type="checkbox"/> Reflection Control <input type="checkbox"/> Plexiglass <input type="checkbox"/> Conservation Clear <input type="checkbox"/> Museum Glass <input type="checkbox"/> Other _____		