

**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.) \_\_\_\_\_

**LED:** Yes  No

**FOR FLUOROLITE USE ONLY!**

PART # \_\_\_\_\_

COST EACH \_\_\_\_\_

LEAD TIME \_\_\_\_\_

QUOTE # \_\_\_\_\_

**\*REQUIRED INFO!**

**\* Date:** \_\_\_\_\_

**\* Company name:** \_\_\_\_\_

**\* Tel #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**\* Contact person:** \_\_\_\_\_

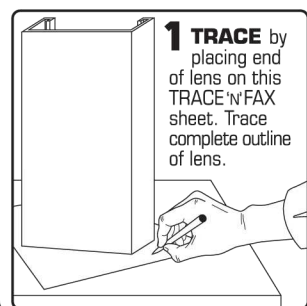
Job reference: \_\_\_\_\_

P.O.#: \_\_\_\_\_

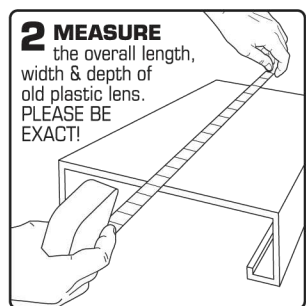
Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

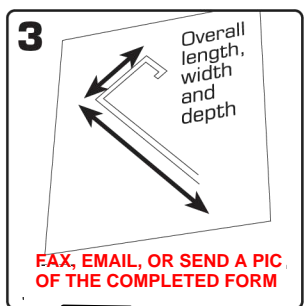
Email: \_\_\_\_\_



**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!



**3** Overall length, width and depth

**FAX, EMAIL, OR SEND A PIC OF THE COMPLETED FORM**

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