FILM-TO-GLASS APPLICATION APPROVAL FORM

XPEL VISION
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Customer Profile:

Customer Name:			Dealer name:		
Address:			Address:		
City:	State/Prov.:	Zip/Postal:	City:	State/Prov.:	Zip/Postal:
Contact Name:			Contact Name:		
Phone#:	Fax#:		Phone#	Fax#	
Email:			Email:		

Building Information:

Glass Type (Check One) ☐ (1) Clear Single Pane ☐ (2) Tinted Single Pane ☐ (3) Clear Double Pane ☐ (4) Tinted or Reflective Double Pane	Glass Size in Inches (largest on job) Width Height		Proposed Film Type
	Glass Thickness in Inches Single	Glass Thickness - Double Pane - Inches Exterior Interior	No. of Windows
Single Pane ☐ Annealed ☐ Laminated ☐ Tempered	Building Age Years	Previous Glass Failure ☐ Yes ☐ No	If Yes, Give Annual Percent

Double Pane	☐ Exterior	☐ Annealed	☐ Laminated	☐ Tempered
	☐ Interior	☐ Annealed	☐ Laminated	☐ Tempered

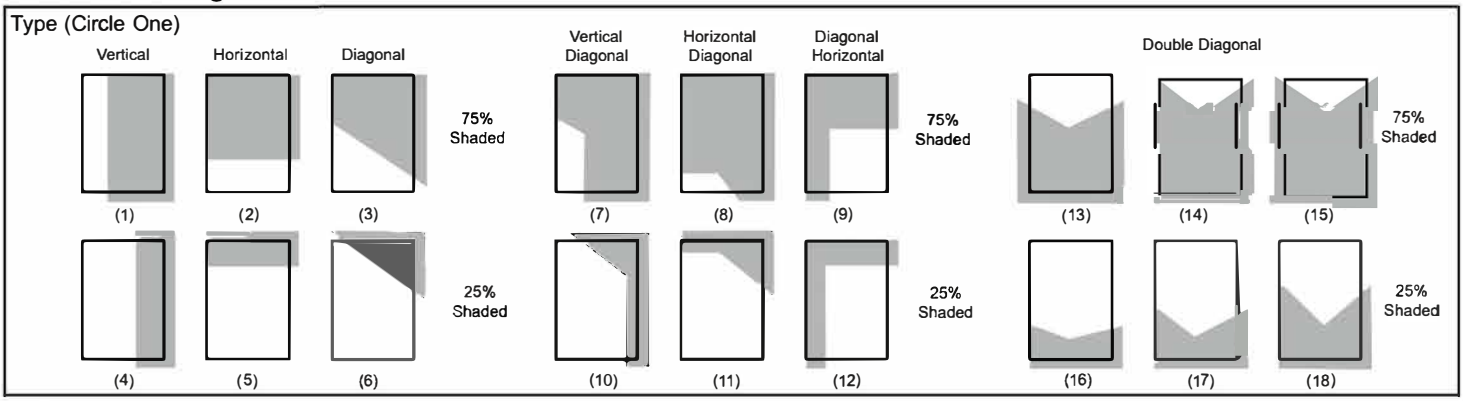
Window Framing:

Framing System (Check One)	☐ (1) Structural Rubber Gasket	☐ (3) Concrete		☐ (5) Aluminum or Steel - Solid
	☐ (2) Wood Sash	☐ (4) Aluminum or Steel Tubular, Thin		☐ (6) Vinyl

Sealant Type (specify)	Sealant Condition ☐ (1) Resilient ☐ (2) Hardened	Condition of Frame ☐ (1) Good ☐ (2) Fair ☐ (3) Poor
Outdoor Glazing Stop Color ☐ (1) Black ☐ (2) Dark ☐ (3) Light	Indoor Structural Pocket ☐ Yes ☐ No	Comments

Outdoor Shading:

Type (Circle One)



Indoor Shading:

Type (Check One) ☐ (1) None ☐ (2) Drapes ☐ (3) Blinds	Drape Color ☐ (1) Light ☐ (2) Dark	Weave Type ☐ (1) Open ☐ (2) Closed	Blinds - Color ☐ (1) Light ☐ (2) Dark
Ventilation of Indoor Shading ☐ (1) Ventilated ☐ (2) Non-Ventilated	Space Between Glass & Shading (Check One) ☐ (1) Two to Six Inches ☐ (2) More Than Six Inches		

Heating / Cooling Vent Location:

Room Side of Indoor Shading or no Shading ☐ (1) Directed Away From Glass ☐ (2) Directed Towards Glass	Between Glass & Indoor Shading ☐ (1) Directed Away From Glass ☐ (2) Directed Towards Glass

Other Considerations:

Design Winter Temperature ☐ (1) Above 0°F ☐ (2) Up to 40°F ☐ (3) Above 40°F	Altitude ☐ (1) Above 5,000 FT ☐ (2) Below 5,000 FT	Adjacent Reflecting Surfaces ☐ (1) None ☐ (2) Dark ☐ (3) Medium ☐ (4) White

Authorizations:

Customer Date	Dealer Date	XPEL Approval Date