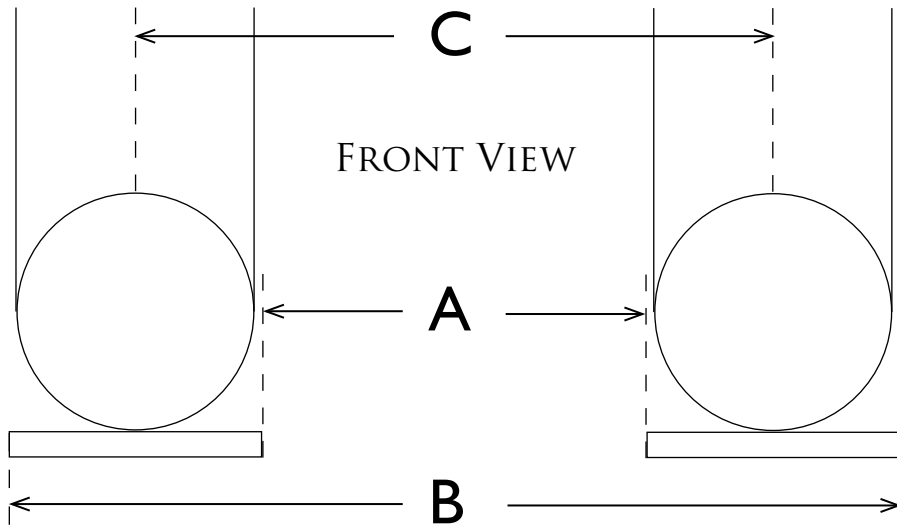


CUSTOM SNEEZE GUARD FORM

PLEASE USE THIS FORM TO PROVIDE US WITH THE INFORMATION FOR YOUR SNEEZE GUARD REQUIREMENTS.

1. Please indicate the condition requiring a sneeze guard.
 - (a) The span under the sneeze guard must be at least _____ inches.
 - (b) The overall length at the stands must not exceed _____ inches.
 - (c) For glass panel dimension "c" is the center line dimension based upon the stand placement.

Recommended width is 42" for 1/4" tempered glass panels.



2. Please indicate choice:

- (d) You need: _____ Stationary stands _____ Portable stands
- (e) The sneeze guards are going to be set up as:
 _____ Double sided _____ Single sided
- (f) You need: _____ Hammer black _____ Rich gold
 _____ Standard height stands (13" wrist clearance)
 _____ Hi-profile stands (18" wrist clearance)
 _____ Sampler stands (6" wrist clearance)
- (g) Number of complete sneeze guards required: _____.

Name: _____

Date: _____

Company: _____

Phone: _____

Address: _____

Fax: _____

Submit to: info@sneezeguardsolutions.com
 or call Customer Service 1.800.569.2056