

- Quote
- Order
- Unglazed

COLOUR OPTIONS

Frame Colour: _____
 Handle Colour: _____

BEAD OPTIONS

Square Bevel

Client Name: _____

Client Ref: _____

Address: _____

Delivery/Site Address: _____

Telephone: _____

Email _____

Date Order Taken:

Date Order Required:



FAX BACK
ORDER ON:
**01245
363066**

PHONE
**01245
363060**

DOOR 1 Viewed Outside

LOCATION: _____

DOOR 2 Viewed Outside

LOCATION: _____

OVERALL WIDTH (mm)	OVERALL HEIGHT (mm)	MIDRAIL HEIGHT (mm) <input type="checkbox"/> Standard 900mm	OVERALL WIDTH (mm)	OVERALL HEIGHT (mm)	MIDRAIL HEIGHT (mm) <input type="checkbox"/> Standard 900mm
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OPENING: <input type="checkbox"/> In <input type="checkbox"/> Out	HINGED: <input type="checkbox"/> Left <input type="checkbox"/> Right	OPENING: <input type="checkbox"/> In <input type="checkbox"/> Out	HINGED: <input type="checkbox"/> Left <input type="checkbox"/> Right
FRENCH DOOR HANDLES: <input type="checkbox"/> Master Sash only <input type="checkbox"/> Master & Slave	Master Sash (looking from outside): <input type="checkbox"/> Left <input type="checkbox"/> Right	FRENCH DOOR HANDLES: <input type="checkbox"/> Master Sash only <input type="checkbox"/> Master & Slave	Master Sash (looking from outside): <input type="checkbox"/> Left <input type="checkbox"/> Right
HANDLE SET: <input type="checkbox"/> Lever/Lever <input type="checkbox"/> Lever/Pad		HANDLE SET: <input type="checkbox"/> Lever/Lever <input type="checkbox"/> Lever/Pad	
HARDWARE COLOUR: _____		HARDWARE COLOUR: _____	
THRESHOLD: <input type="checkbox"/> Low threshold <input type="checkbox"/> Standard		THRESHOLD: <input type="checkbox"/> 70mm uPVC (Standard) <input type="checkbox"/> 50mm Low uPVC	
EXTERNAL SILL: <input type="checkbox"/> None <input type="checkbox"/> 85mm (Stub) <input type="checkbox"/> 150mm (Standard) <input type="checkbox"/> 180mm		EXTERNAL SILL: <input type="checkbox"/> None <input type="checkbox"/> 85mm (Stub) <input type="checkbox"/> 150mm (Standard) <input type="checkbox"/> 180mm	
GLASS: <input type="checkbox"/> Clear <input type="checkbox"/> Obscured Pattern: _____		GLASS: <input type="checkbox"/> Clear <input type="checkbox"/> Obscured Pattern: _____	

COMMENTS: _____

Print Name: _____

Signed: _____