



**VERTICAL SLIDER ORDER FORM**

TEL: 01245 362236

FAX: 01245 362421

QUOTE  ORDER

<p><b><u>Frame Colour</u></b></p> <p>White <input type="checkbox"/> Mahogany <input type="checkbox"/></p> <p>Rosewood <input type="checkbox"/> Oak <input type="checkbox"/></p> <p>Mahogany on White <input type="checkbox"/> Oak on White <input type="checkbox"/></p>	<p>From: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Tel: _____</p> <p>Fax: _____</p>	<p>PT No. _____</p> <p>Ref: _____</p> <p>Order _____</p> <p>Date: _____</p> <p>Date Required: _____</p> <p>Price: _____</p>
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Location	1.	2.	3.	4.	5.	6.
Frame Design						
Overall Width						
Overall Height						
Transom Drop						
External Cill / Size (mm)	150 <input type="checkbox"/> 210 <input type="checkbox"/>	150 <input type="checkbox"/> 210 <input type="checkbox"/>	150 <input type="checkbox"/> 210 <input type="checkbox"/>	150 <input type="checkbox"/> 210 <input type="checkbox"/>	150 <input type="checkbox"/> 210 <input type="checkbox"/>	150 <input type="checkbox"/> 210 <input type="checkbox"/>
Sash Horns	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Furniture Colour	White <input type="checkbox"/> Gold <input type="checkbox"/> Chrome <input type="checkbox"/>	White <input type="checkbox"/> Gold <input type="checkbox"/> Chrome <input type="checkbox"/>	White <input type="checkbox"/> Gold <input type="checkbox"/> Chrome <input type="checkbox"/>	White <input type="checkbox"/> Gold <input type="checkbox"/> Chrome <input type="checkbox"/>	White <input type="checkbox"/> Gold <input type="checkbox"/> Chrome <input type="checkbox"/>	White <input type="checkbox"/> Gold <input type="checkbox"/> Chrome <input type="checkbox"/>
Trickle Vent	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Slide Restrictors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Deep Bottom Rail Mechanical						
Slim Bottom Rail Welded						
Glass / Pattern						
Astragal Bar						
Geo / Lead						
Comments						

Please complete all section for efficient return of quotes, confirmations & glass sizes.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_