

<b>Sheet No</b> <b>Of</b>  <h2 style="text-align: center;">Trade Quote &amp; Order Form</h2> <p style="text-align: center; font-size: small;">Unit 9 Butterthwaite Lane Ecclesfield Sheffield Tel : 0114 257 1200 Fax : 0114 257 1297</p>	<b>Customer Details</b> Name _____ Address _____ _____ Your Ref _____ Tel _____ Fax/Mobile _____ <b>INTERNAL BEAD</b> <input type="checkbox"/> <b>EXTERNAL BEAD</b> <input type="checkbox"/>	<b>DELIVERY</b> <input type="checkbox"/> <b>COLLECTION</b> <input type="checkbox"/> Delivery Address _____ _____ _____ Delivery/Collection Date _____ <b>FLAT BEAD</b> <input type="checkbox"/> <b>OVOLO BEAD</b> <input type="checkbox"/>	Contract No _____ Net Amount _____ VAT _____ Gross _____ Deposit _____ Balance _____ Payment Method Bankers Draft <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/>
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QTY	Outside Sketch View	Frame Type	Width	Height Inc. Cill	Transom	Mullion	Locking Mechanism
		Window <input type="checkbox"/> Door <input type="checkbox"/>					Standard <input type="checkbox"/> Shoot/Hookbolt <input type="checkbox"/> TwinCam <input type="checkbox"/>
		<b>Door Only</b> Int Glazed <input type="checkbox"/> Ext Glazed <input type="checkbox"/> Open In <input type="checkbox"/> Open Out <input type="checkbox"/>	Frame Colour	Furniture Colour	Glass Type <b>K</b>		Spacer Bar Colour
		Outer Frame Size Slim <input type="checkbox"/> Std. <input type="checkbox"/> Large <input type="checkbox"/>	Door Panel Req <input type="checkbox"/>	Letterbox <input type="checkbox"/>	Door Knocker <input type="checkbox"/>	Spyhole <input type="checkbox"/>	
		Frame Location	Comments				
		Cill Type                    None <input type="checkbox"/>	Cill Width	Head Drip <input type="checkbox"/>	Planton 15mm <input type="checkbox"/> 25mm <input type="checkbox"/> 50mm <input type="checkbox"/> None <input type="checkbox"/>	Trickle Vent <input type="checkbox"/>	
		180 <input type="checkbox"/> 150 <input type="checkbox"/> Stub <input type="checkbox"/>			Top <input type="checkbox"/> Bottom <input type="checkbox"/> Left Side <input type="checkbox"/> Right Side <input type="checkbox"/>	Bay Poles <input type="checkbox"/>	

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<b>WEEK NUMBER:</b>  <b>PRODUCTION DATE:</b>	Please accept this order with the terms and conditions stated overleaf. I accept that the above represents final measurements of windows/doors/units/conservatories. I therefore authorise you to proceed with manufacturing in accordance with these details. Signed on behalf of: _____ Date _____ By Staff Member: _____ Date _____ Customer Signature: _____ Date _____ <b>N.B. HAVE YOU TICKED THE BOX FOR INT/EXT BEADING AND FLAT/OVOLO BEAD</b> Delivery / Collection Declaration I confirm that I have received in satisfactory conditions all items as detailed within this order Customer Signature: _____ Date _____
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**(T)** = Denotes Toughened Unit