Sheet No Of	Customer Details	DELIVERY ☐ COLLECTION ☐	
Bi-Fold Quote & Order Form	Name	Delivery Address	Contract No
Warwick Development Ltd Window Systems	Address		Net Amount
Unit 9, Butterthwaite Lane, Ecclesfield, Sheffield S35 9WA Tel : 0114 257 1200 Fax : 0114 257 1297	Your Ref Tel Fax/Mobile **CHAMFERED EXT. FACE** ☐ **OVOLO EXT. FACE** ☐	Delivery/Collection Date **FLAT INT. BEAD** ☐ **OVOLO INT. BEAD** ☐	VAT Gross Deposit Balance Payment Method BACS Payment ☐ Card ☐ Cash ☐

Frame Location	Hinge Colour: Bronze ☐ White ☐ Satin Silver ☐	Width	Height Inc. Cill	Transom	Mullion	Bi-Fold Code
	Int Glazed ☐ Ext Glazed ☐	Frame Colour	Handle Colour	Glass Type	Spacer Bar Colour	
REF:	Threshold Type Std.PVC ☐ Aluminium ☐			Argon Filled Sealed Units ☐	Unglazed ☐	
Locking Type: Inside Only ☐ Inside and Out ☐ Resi. Door Handle ☐	Open In ☐ Open Out ☐	Comments:				
	Cill Type None ☐ 180 ☐ 150 ☐ Stub ☐	Cill Width	Head Drip ☐	Planton 15mm ☐ 20mm ☐ 50mm ☐ None ☐ Top ☐ Bottom ☐ Left Side ☐ Right Side ☐	Trickle Vent ☐ Bay Poles ☐	

Sketch of the Item:

Viewed from the outside

Inside

Outside

Overhead View

Frame Location	Hinge Colour: Bronze ☐ White ☐ Satin Silver ☐	Width	Height Inc. Cill	Transom	Mullion	Bi-Fold Code
	Int Glazed ☐ Ext Glazed ☐	Frame Colour	Handle Colour	Glass Type	Spacer Bar Colour	
REF:	Threshold Type Std.PVC ☐ Aluminium ☐			Argon Filled Sealed Units ☐	Unglazed ☐	
Locking Type: Inside Only ☐ Inside and Out ☐ Resi. Door Handle ☐	Open In ☐ Open Out ☐	Comments:				
	Cill Type None ☐ 180 ☐ 150 ☐ Stub ☐	Cill Width	Head Drip ☐	Planton 15mm ☐ 20mm ☐ 50mm ☐ None ☐ Top ☐ Bottom ☐ Left Side ☐ Right Side ☐	Trickle Vent ☐ Bay Poles ☐	

Sketch of the Item:

Viewed from the outside

Inside

Outside

Overhead View

WEEK NUMBER:

PRODUCTION DATE:

(T) = Denotes Toughened Unit

Please accept this order with the terms and conditions stated overleaf. I accept that the above represents final measurements of windows/doors/units. 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 _____

N.B. HAVE YOU TICKED THE BOX FOR INT/EXT BEADING AND FLAT/OVOLO BEAD

Delivery / Collection Declaration
I confirm that I have received in satisfactory conditions all items as detailed within this order

Customer Signature _____ Date _____