


<b>Sheet No.    Of</b>  <b>Trade Quote &amp; Order Form</b>   Unit 9 Butterthwaite Lane Ecclesfield Sheffield Tel : 0114 257 1200 Fax : 0114 257 1297	<b>Customer Details</b> Name ----- Address ----- ----- Your Ref ----- Tel ----- Fax/Mobile ----- <b>CHAMFERED</b> <input type="checkbox"/> <b>OVOLO</b> <input type="checkbox"/> <b>EXT. FACE</b> <input type="checkbox"/> <b>EXT. FACE</b> <input type="checkbox"/>	<b>DELIVERY</b> <input type="checkbox"/> <b>COLLECTION</b> <input type="checkbox"/> Delivery Address ----- ----- ----- Delivery/Collection Date ----- <b>FLAT</b> <input type="checkbox"/> <b>OVOLO</b> <input type="checkbox"/> <b>INT. BEAD</b> <input type="checkbox"/> <b>INT. BEAD</b> <input type="checkbox"/>	Contract No ----- Net Amount ----- VAT ----- Gross ----- Deposit ----- Balance ----- Payment Method:- Credit Card <input type="checkbox"/> BACS <input type="checkbox"/> Cash <input type="checkbox"/> Bank Trans. <input type="checkbox"/>
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QTY	Outside Sketch View	Frame Type	Comp. Door	Window	Door	Width	Height Inc. Cill	Transom	Mullion	Locking Mechanism		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Standard <input type="checkbox"/> Shoot/Hookbolt <input type="checkbox"/> TwinCam <input type="checkbox"/>		
		Door Only	<input type="checkbox"/>	Int Glazed	<input type="checkbox"/>	Ext Glazed	<input type="checkbox"/>	Frame Colour	Handle Colour	Hinge Colour	Glass Type	Spacer Bar Colour
		Open In	<input type="checkbox"/>	Open Out	<input type="checkbox"/>						LOW "E"	BLACK THERM.
		Outer Frame Size	Door Panel Req'd <input type="checkbox"/> Letterbox <b>YES--</b> <input type="checkbox"/> Letterbox <b>NO--</b> <input type="checkbox"/> Door Knocker <input type="checkbox"/> Spyhole <input type="checkbox"/>		Comments							
		Slim <input type="checkbox"/> Std. <input type="checkbox"/> Large <input type="checkbox"/>										
		Frame Location										
		Cill Type	None <input type="checkbox"/>	Cill Width	Head Drip	Planton 15mm <input type="checkbox"/> 20mm <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"/>			<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 authorize 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