



QUOTE / ORDER FORM

Customer Name:		R9 <input type="checkbox"/>	PO Number:
Address:		R7 <input type="checkbox"/>	Date:
		R2 <input type="checkbox"/>	Contact:
Tel:	Email:		Reference:

Location:	Colour Outside:	Colour Inside:	Handle Colour:	Handle Style:
Quantity:			Glass Options:	Instructions:
Width:			A-Rated Double <input type="checkbox"/>	
Height:			A- Rated Triple <input type="checkbox"/>	
Transom:			ASTRAGAL BAR ONLY ON DOUBLE GLAZED	
Mullion:			Astragal Bar <input type="checkbox"/>	
Door Threshold: UPVC/ALI			Lead Glass <input type="checkbox"/>	
		What Design <input type="checkbox"/>		
No Cill <input type="checkbox"/> 95 Stub <input type="checkbox"/> 165 <input type="checkbox"/> 180 <input type="checkbox"/> 165 Radlington 55mm high <input type="checkbox"/>		Height incl. Cill <input type="checkbox"/>	Cill Horn <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location:	Colour Outside:	Colour Inside:	Handle Colour:	Handle Style:
Quantity:			Glass Options:	Instructions:
Width:			A-Rated Double <input type="checkbox"/>	
Height:			A- Rated Triple <input type="checkbox"/>	
Transom:			ASTRAGAL BAR ONLY ON DOUBLE GLAZED	
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Door Threshold: UPVC/ALI			Lead Glass <input type="checkbox"/>	
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I agree details on this form are correct.

Sign: _____ Date: _____

PRINT NAME: _____

If Cill Horn required standard is 100mm overall

POINT DENOTES HINGED SIDE

LEAMORE USE ONLY:

ORDER DATE: _____

APPROX MANUFACTURER TIME: _____