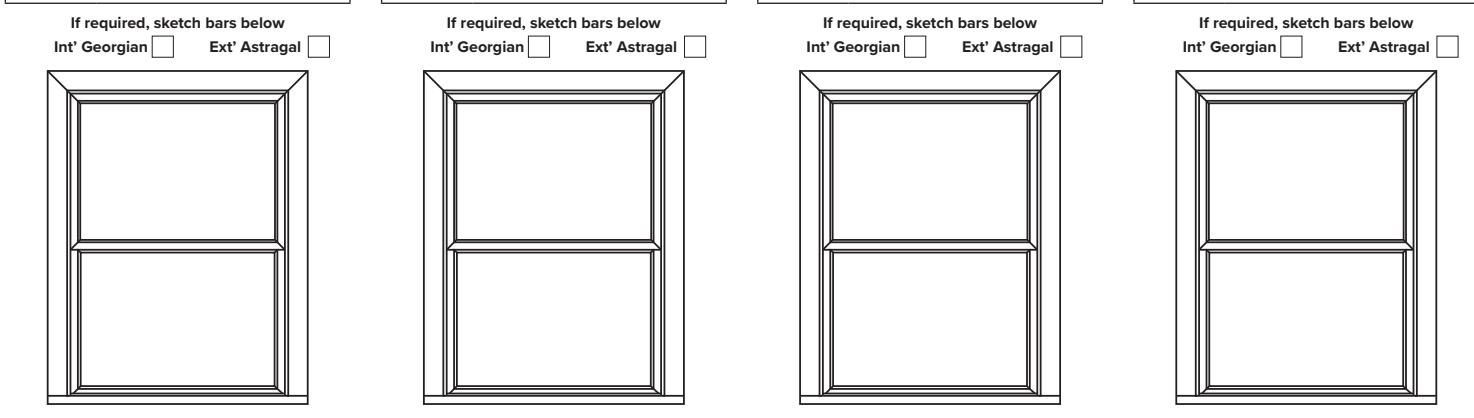


Please complete all sections below (please tick boxes required)

Company:	Tick here for a Quotation: <input type="checkbox"/>		Tick here to go straight to Order: <input type="checkbox"/>	
Contact Name:	Total Qty of Windows Required:			
Delivery Address:	Your Reference:			
Postcode:		Date:		
Tel Number:	Date Required for Delivery:			
Email:	This is Sheet: _____ of _____			

Please Specify Colour / Foil Finish Required:			Hardware:			Additional Extras:		
Profile Colour Standard White <input type="checkbox"/>	Foils Crystal White <input type="checkbox"/> Rosewood <input type="checkbox"/> Golden Oak <input type="checkbox"/> Black / Brown <input type="checkbox"/> Anthracite Grey <input type="checkbox"/> Irish Oak <input type="checkbox"/> Cream <input type="checkbox"/> Agate Grey <input type="checkbox"/> Chartwell Green <input type="checkbox"/> Matt Grey <input type="checkbox"/>	In & Out <input type="checkbox"/> On White <input type="checkbox"/>	Standard Furniture Travel Restrictors <input type="checkbox"/> Pole Eyes <input type="checkbox"/> Sash Lifts <input type="checkbox"/> Tilt Knobs <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Furniture Colours White <input type="checkbox"/> Black <input type="checkbox"/> Chrome <input type="checkbox"/> Gold <input type="checkbox"/> Satin <input type="checkbox"/> Antique Gold <input type="checkbox"/> Rose Gold <input type="checkbox"/> Black Nickel <input type="checkbox"/>	DocQ* Secured by Design* Fire Egress* Deep Bottom Rail* Weather Bar*	All <input type="checkbox"/>	
Sash Horns: Run-through <input type="checkbox"/> No Horns <input type="checkbox"/>	Alternative Furniture D Handles <input type="checkbox"/> If Yes: Internal <input type="checkbox"/> External <input type="checkbox"/> Inset Finger Pulls <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Items: Acoustic Glass <input type="checkbox"/> Laminated Glass <input type="checkbox"/> 1.2 U Value <input type="checkbox"/> White Spacer Bar <input type="checkbox"/> Upgraded Security Hardware <input type="checkbox"/>					

Item:	Item:	Item:	Item:
Location:	Location:	Location:	Location:
Width mm	Width mm	Width mm	Width mm
Height mm	Height mm	Height mm	Height mm
Transom Drop	50/50 <input type="checkbox"/> Other _____	Transom Drop	50/50 <input type="checkbox"/> Other _____
Quantity	Quantity	Quantity	Quantity
Cill Horns	Yes <input type="checkbox"/> _____ mm each side	Cill Horns	Yes <input type="checkbox"/> _____ mm each side
Cill	152mm <input type="checkbox"/> 185mm <input type="checkbox"/> 225mm <input type="checkbox"/>	Cill	152mm <input type="checkbox"/> 185mm <input type="checkbox"/> 225mm <input type="checkbox"/>
Add Ons Included in sizes unless stated otherwise			
Head 25mm <input type="checkbox"/> 40mm <input type="checkbox"/> N/A <input type="checkbox"/> Cill <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LHS Jamb <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RHS Jamb <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Head 25mm <input type="checkbox"/> 40mm <input type="checkbox"/> N/A <input type="checkbox"/> Cill <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LHS Jamb <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RHS Jamb <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Head 25mm <input type="checkbox"/> 40mm <input type="checkbox"/> N/A <input type="checkbox"/> Cill <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LHS Jamb <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RHS Jamb <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Head 25mm <input type="checkbox"/> 40mm <input type="checkbox"/> N/A <input type="checkbox"/> Cill <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LHS Jamb <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RHS Jamb <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Trickle Vent Yes <input type="checkbox"/> Quantity: _____ No <input type="checkbox"/>	Trickle Vent Yes <input type="checkbox"/> Quantity: _____ No <input type="checkbox"/>	Trickle Vent Yes <input type="checkbox"/> Quantity: _____ No <input type="checkbox"/>	Trickle Vent Yes <input type="checkbox"/> Quantity: _____ No <input type="checkbox"/>



Glass Pattern:	Glass Pattern:	Glass Pattern:	Glass Pattern:
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Fixing Lugs Required: Yes No Quantity (If Yes): Box 100 Box 500 Number of Boxes:

Special Instructions: e.g RAL spray			Categories	Trickle Vent table*			
			Please Select One	Min	Max	No. Vents	EQA
			Newbuild Private <input type="checkbox"/> Newbuild Public <input type="checkbox"/> Private RMI – Nationals <input type="checkbox"/> Private RMI <input type="checkbox"/> Public RMI <input type="checkbox"/>	370	599	1x2500	2500
				600	849	2x2500	5000
				850	1099	3x2500	7500
				1100	1600	4x2500	10000