

Please complete all sections below (please tick boxes required)

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

| Please Specify Colour / Foil Finish Required:   | Hardware:   | Additional Extras:  |
|---|---|---|
| <b>Profile Colour</b><br>Standard White <input type="checkbox"/><br><br><b>Sash Horns:</b><br>Run-through <input type="checkbox"/><br>No Horns <input type="checkbox"/> | <b>Standard Furniture</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>Travel Restrictors <input type="checkbox"/> <input type="checkbox"/><br>Pole Eyes <input type="checkbox"/> <input type="checkbox"/><br>Sash Lifts <input type="checkbox"/> <input type="checkbox"/><br>Tilt Knobs <input type="checkbox"/> <input type="checkbox"/><br><br><b>Alternative Furniture</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>D Handles <input type="checkbox"/> <input type="checkbox"/><br><br>If Yes Internal <input type="checkbox"/> External <input type="checkbox"/> | <b>Furniture Colours</b><br>White <input type="checkbox"/><br>Black <input type="checkbox"/><br>Chrome <input type="checkbox"/><br>Gold <input type="checkbox"/><br>Satin <input type="checkbox"/><br>Antique Gold <input type="checkbox"/><br>Rose Gold <input type="checkbox"/><br>Black Nickel <input type="checkbox"/><br><br>Acoustic Glass <input type="checkbox"/><br>Laminated Glass <input type="checkbox"/><br>1.2 U Value <input type="checkbox"/><br>White Spacer Bar <input type="checkbox"/><br>Upgraded Security Hardware <input type="checkbox"/><br><small>*Please list the items requiring an upgrade</small> |

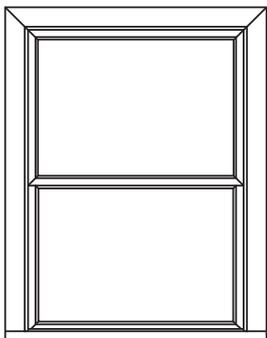
| Item:   |
|---|
| Location: _____   |
| Width mm _____  |
| Height mm _____   |
| Transom Drop 50/50 <input type="checkbox"/> Other _____   |
| Quantity _____  |
| Cill Horns Yes <input type="checkbox"/> _____ mm each side  |
| Cill 152mm <input type="checkbox"/> 185mm <input type="checkbox"/> 225mm <input type="checkbox"/> |
| <b>Add Ons</b><br>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"/>               |
| Trickle Vent Yes <input type="checkbox"/> Quantity: _____ No <input type="checkbox"/>             |

| Item:   |
|---|
| Location: _____   |
| Width mm _____  |
| Height mm _____   |
| Transom Drop 50/50 <input type="checkbox"/> Other _____   |
| Quantity _____  |
| Cill Horns Yes <input type="checkbox"/> _____ mm each side  |
| Cill 152mm <input type="checkbox"/> 185mm <input type="checkbox"/> 225mm <input type="checkbox"/> |
| <b>Add Ons</b><br>Included in sizes unless stated otherwise                                       |
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| 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"/>             |

| Item:   |
|---|
| Location: _____   |
| Width mm _____  |
| Height mm _____   |
| Transom Drop 50/50 <input type="checkbox"/> Other _____   |
| Quantity _____  |
| Cill Horns Yes <input type="checkbox"/> _____ mm each side  |
| Cill 152mm <input type="checkbox"/> 185mm <input type="checkbox"/> 225mm <input type="checkbox"/> |
| <b>Add Ons</b><br>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"/>               |
| Trickle Vent Yes <input type="checkbox"/> Quantity: _____ No <input type="checkbox"/>             |

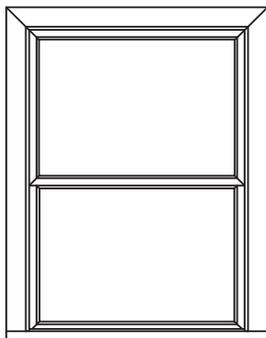
| Item:   |
|---|
| Location: _____   |
| Width mm _____  |
| Height mm _____   |
| Transom Drop 50/50 <input type="checkbox"/> Other _____   |
| Quantity _____  |
| Cill Horns Yes <input type="checkbox"/> _____ mm each side  |
| Cill 152mm <input type="checkbox"/> 185mm <input type="checkbox"/> 225mm <input type="checkbox"/> |
| <b>Add Ons</b><br>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"/>               |
| Trickle Vent Yes <input type="checkbox"/> Quantity: _____ No <input type="checkbox"/>             |

If required, sketch bars below  
 Int' Georgian     Ext' Astragal



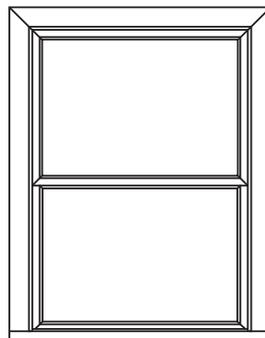
Toughened Glass as standard

If required, sketch bars below  
 Int' Georgian     Ext' Astragal



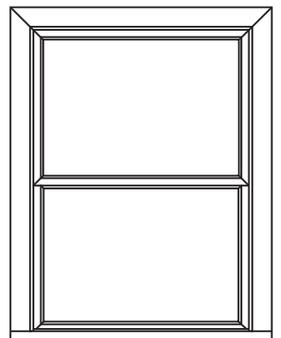
Toughened Glass as standard

If required, sketch bars below  
 Int' Georgian     Ext' Astragal



Toughened Glass as standard

If required, sketch bars below  
 Int' Georgian     Ext' Astragal



Toughened Glass as standard

Glass Pattern: \_\_\_\_\_

Glass Pattern: \_\_\_\_\_

Glass Pattern: \_\_\_\_\_

Glass Pattern: \_\_\_\_\_

| Special Instructions: e.g RAL spray | Categories   |
|-------------------------------------|--|
|                                     | <b>Please Select One</b><br>Newbuild Private <input type="checkbox"/><br>Newbuild Public <input type="checkbox"/><br>Private RMI – Nationals <input type="checkbox"/><br>Private RMI <input type="checkbox"/><br>Public RMI <input type="checkbox"/> |

| Trickle Vent table* |      |           |       |
|---------------------|------|-----------|-------|
| Min                 | Max  | No. Vents | EQA   |
| 370                 | 599  | 1x2500    | 2500  |
| 600                 | 849  | 2x2500    | 5000  |
| 850                 | 1099 | 3x2500    | 7500  |
| 1100                | 1600 | 4x2500    | 10000 |