



Units 1 & 2, 17 Pony Road
Horspath Industrial Estate
Oxford OX4 2RD

ORDER FORM (WINDOWS/Folding Doors)

Company Name:		Order No.
Delivery Address: (If not Invoice Address)		Page _____ of _____
Cust Ref:		Ordered On:
		DEL / COL On:
		Payment Due:

ALUMINIUM-----'VIEWED FROM OUTSIDE'

PROFILE SUITE Beaufort		BEAD: INTERNAL <input type="checkbox"/> EXTERNAL <input type="checkbox"/>	GLAZED <input type="checkbox"/> UNGLAZED <input type="checkbox"/>
BEAUFORT	MWG	COLOUR - RAL: INSIDE OUTSIDE:	
QTY. LOC.	W: _____	Gaskets: Black	Glass: _____
	Ht(inc.cill): _____	Gaskets: Black	Low E: Y / N
	Trans Drop: _____		Tough: Y / N
	Mull Width: _____		Spacer Bar Col:
	Open: IN / OUT		Hdl Col: Wht / Gld / Slv / Blk
VIEWED OUTSIDE		Threshold: 22mm, 34mm; Full Frame	
ADDITIONAL INFO:			
QTY. LOC.	W: _____	Gaskets: Black	Glass: _____
	Ht(inc.cill): _____	Gaskets: Black	Low E: Y / N
	Trans Drop: _____		Tough: Y / N
	Mull Width: _____		Spacer Bar Col:
	Open: IN / OUT		Hdl Col: Wht / Gld / Slv / Blk
VIEWED OUTSIDE		Threshold: 22mm, 34mm; Full Frame	
ADDITIONAL INFO:			
QTY. LOC.	W: _____	Gaskets: Black	Glass: _____
	Ht(inc.cill): _____	Gaskets: Black	Low E: Y / N
	Trans Drop: _____		Tough: Y / N
	Mull Width: _____		Spacer Bar Col:
	Open: IN / OUT		Hdl Col: Wht / Gld / Slv / Blk
VIEWED OUTSIDE		Threshold: 22mm, 34mm; Full Frame	
ADDITIONAL INFO:			

Further information:	Gross Inc. V.A.T.: £ _____ Cash / Chq / CC
	Deposit: £ _____ Balance: £ _____
	I agree that the balance will be paid in full by the due date:
	Signed _____ Date _____



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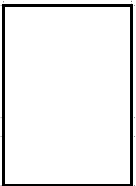
ORDER FORM (DOORS-Res/Comm)

Company Name:		Order No.
Delivery Address: (If not Invoice Address)		Page of
Cust Ref:		Ordered On:
		DEL / COL On:
		Payment Due:

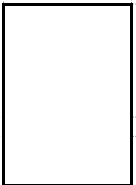
ALUMINIUM-----'VIEWED FROM OUTSIDE'

BEADING	GLASS	BEAD	SASH	OUTER FRAME	GASKET	LOCKING	PROFILE SUITE
INTERNAL <input type="checkbox"/>	GLAZED <input type="checkbox"/>	<input type="checkbox"/> STD <input type="checkbox"/>	<input type="checkbox"/>	STD <input type="checkbox"/>	BLACK <input type="checkbox"/>	2 HOOK <input type="checkbox"/>	Beaufort <input type="checkbox"/>
EXTERNAL <input type="checkbox"/>	UNGLAZED <input type="checkbox"/>				BLACK <input type="checkbox"/>	HANDLE TO SLAVE <input type="checkbox"/>	Other <input type="checkbox"/>

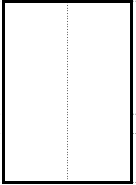
COLOUR - RAL:	SOLID:	DUAL:	OTHER
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Qty.	1. Loc.	W: _____	Glass: _____ T/S	Hdl Type: L/Lever / L/Pad	Cill: F/D / 85 / 150 / 180 /__
		H (inc. cill): _____	Low E : Y / N	Hdl Col: Wht / Gld / Slv / Blk	Low Thresh: Stnd / Ali / DDA
	VIEWED OUTSIDE	Trans Drop: _____	Panel: Half / Full	Hinged: Left / Right	Letter Box: N/A / Wht / Gld / Blk / Slv
		Mull Width: _____	Type: _____	Hinge Col: : Wht / Gld / Slv / Blk	T.Vent: None / Sash / Frame
		Midr. Height: _____		Opens: In / Out	Handle Operated Slave: Y / N
				Master: Left / Right	

General Comments:

Qty.	2. Loc.	W: _____	Glass: _____ T/S	Hdl Type: L/Lever / L/Pad	Cill: F/D / 85 / 150 / 180 /__
		H (inc. cill): _____	Low E : Y / N	Hdl Col: Wht / Gld / Slv / Blk	Low Thresh: Stnd / Ali / DDA
	VIEWED OUTSIDE	Trans Drop: _____	Panel: Half / Full	Hinged: Left / Right	Letter Box: N/A / Wht / Gld / Blk / Slv
		Mull Width: _____	Type: _____	Hinge Col: : Wht / Gld / Slv / Blk	T.Vent: None / Sash / Frame
		Midr. Height: _____		Opens: In / Out	Handle Operated Slave: Y / N
				Master: Left / Right	

General Comments:

Qty.	3. Loc.	W: _____	Glass: _____ T/S	Hdl Type: L/Lever / L/Pad	Cill: F/D / 85 / 150 / 180 /__
		H (inc. cill): _____	Low E : Y / N	Hdl Col: Wht / Gld / Slv / Blk	Low Thresh: Stnd / Ali / DDA
	VIEWED OUTSIDE	Trans Drop: _____	Panel: Half / Full	Hinged: Left / Right	Letter Box: N/A / Wht / Gld / Blk / Slv
		Mull Width: _____	Type: _____	Hinge Col: : Wht / Gld / Slv / Blk	T.Vent: None / Sash / Frame
		Midr. Height: _____		Opens: In / Out	Handle Operated Slave: Y / N
				Master: Left / Right	

General Comments:

Gross Inc. V.A.T.: £ _____ Cash / Chq / CC	I agree that the balance will be paid in full by the due date:
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