

# QUOTE FORM

**FAX TO : 0161 628 8471**

**PHONE 0161 628 0189**

<b>DETAILS</b>	FOR INTERNAL USE ONLY
Company _____ Date _____	
Order Number _____ Contact _____	
Reference _____	
Delivery date _____ Authorised Signature _____	
Quotation Number _____ Page Number _____ of _____	

DETAILS OF PRODUCT AND DESIGN							QUANTITY											
Arch Only		Frame		SPECIFY OTHER			Template	YES	NO									
Viewed		Beaded		Opening			True Radius	YES	NO									
In	Out	In	Out	In	Out		MANUFACTURING FRAME SIZES *											
							WIDTH											
							HEIGHT											
							Mullion From Left											
							Mullion to Mullion											
							Transom from Top											
							Transom to Transom											
							Midrail from Base											
							SPECIFICATION											
							SYSTEM											
							COLOUR											
							OUTER FRAME											
							MULLION											
							TRANSOM											
MIDRAIL																		
BEAD																		
THRESHOLD																		
REINFORCING																		
FRAME EXT.																		
ADDITIONAL INFORMATION																		