

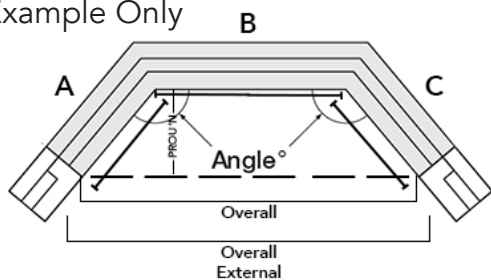
Order Form Bay Windows

Company	
Contact Name	
Delievry Address	
Post Code	
Tel Number	
Mobile	
Email	
Fax	
Customer Ref	
Quote No.	
Quoted By	
Delivery Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Required	

	Frame A	Frame B	Frame C	Frame D	Frame E
Location					
Viewed From Outside					
Colour					
Glazed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Obscure Glass					
Width	mm	mm	mm	mm	mm
Height Inc Cill	mm	mm	mm	mm	mm
Cill Type 1	150 <input type="checkbox"/> 180 <input type="checkbox"/>	150 <input type="checkbox"/> 180 <input type="checkbox"/>	150 <input type="checkbox"/> 180 <input type="checkbox"/>	150 <input type="checkbox"/> 180 <input type="checkbox"/>	150 <input type="checkbox"/> 180 <input type="checkbox"/>
Face Drainage	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Trickle Vents	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Handle Colour					
Fire Escape Hinge	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes:					

Cill Layout (Internal Measurements Only)	Projection A:
	Projection B:
	Projection C:
	Projection D:
	Angle A:
	Angle B:
	Angle C:
	Angle D:
	Angle E:
	Angle F:
Angle G:	
Angle H:	
Angle I:	

Example Only



Signed: _____