

ORDER FORM | ALUMINIUM SLIDING DOOR

UNIQUE WINDOW SYSTEMS LTD

87 Parker Drive, Leicester, LE4 0JP

Phone: (0116) 236 4656

Email: orderpvc@uws.co.uk



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

System : Cortizo 4700 Sliding Patio Opening: 1 Rail 2 Rail 3 Rail

RAL Colour: White 7016 Grey 9005 Black RAL Outside: _____ / RAL Inside _____

SBD: Yes No GLAZED UNGLAZED Furniture col: White Chrome Satin Silver Black

Qty	Loc	Qty	Loc	Qty	Loc
W: _____ H: _____ T- Vent: YES / NO <small>* Add on required</small> T- Vent Qty : _____ Add On: Y / N (38mm) Location: Left / Right / Top / Bottom Cill: 180mm / 230mm GLASS: _____ Low E : Y / N Argon: Y / N Tough: Y / N SWISS SPACER : Grey / White / Black Obscure Pattern: _____		W: _____ H: _____ T- Vent: YES / NO <small>* Add on required</small> T- Vent Qty : _____ Add On: Y / N (38mm) Location: Left / Right / Top / Bottom Cill: 180mm / 230mm GLASS: _____ Low E : Y / N Argon: Y / N Tough: Y / N SWISS SPACER: Grey / White / Black Obscure Pattern: _____		W: _____ H: _____ T- Vent: YES / NO <small>* Add on required</small> T- Vent Qty : _____ Add On: Y / N (38mm) Location: Left / Right / Top / Bottom Cill: 180mm / 230mm GLASS: _____ Low E : Y / N Argon: Y / N Tough: Y / N SWISS SPACER: Grey / White / Black Obscure Pattern: _____	
Additional Info:		Additional Info:		Additional Info:	
		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 _____			