

Company name:	Quote no.	Order no.
Delivery address: (If not invoice address) PLEASE NOTE. Configurations which have an even number of sashes folding one way will NOT be able to be locked or unlocked from the outside.		Page _____ of _____
		Ordered on _____
		DEL / COL On _____
Cust ref:		Payment due _____

UNIFOLD

VIEWED FROM THE OUTSIDE

UNIFOLD

<input type="checkbox"/> GLAZED – 28mm Clear Low E Toughened Argon Gas Filled units	<input type="checkbox"/> UNGLAZED	<input type="checkbox"/> MATT FINISH
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COLOUR: WHITE GREY 7016 RAL Colour: _____
* Dual Colours Priced On Application

Folding options
(please circle)

2-2-0

3-3-0

2-0-2 is opposite drawing 3-0-3 is opposite drawing

3-2-1

4-0-4

4-1-3

3-1-2 is opposite drawing 4-4-0 is opposite drawing 4-3-1 is opposite drawing

4-2-2

5-4-1

5-1-4 is opposite drawing

5-5-0

5-2-3

5-0-5 is opposite drawing 5-2-3 is opposite drawing

6-1-5

6-3-3

6-5-1 is opposite drawing

6-6-0

6-4-2

6-0-6 is opposite drawing 6-2-4 is opposite drawing

7-6-1

7-1-6 is opposite drawing

7-0-7

7-7-0 is opposite drawing

7-3-4

7-4-3 is opposite drawing

7-5-2

7-2-5 is opposite drawing

Qty: _____ **Location:** _____

Dimensions:

Overall width
(inc add-ons if required) _____

Overall height
(inc add-ons and cill if required) _____

Folding options (when viewed from outside):
Please state opening configuration (refer to the diagrams to the left)

Total door leaves Leaves folding left Leaves folding right

Open: In or Out

Furniture colour:	Threshold:
<input type="checkbox"/> White	<input type="checkbox"/> Standard
<input type="checkbox"/> Chrome	<input type="checkbox"/> Low A 34mm*
<input type="checkbox"/> Black	<input type="checkbox"/> Low B 22mm*
<input type="checkbox"/> Satin Silver	<small>*Low thresholds are non-weather rated</small>

Trickle Vents

* Fitted in Bottom of Master Door Unless Frame Extender used in Head of Frame

Cill type: None
 150mm 180mm

Any special requirements:

20mm Frame Extender:
 Yes No

Location: Head/Top
 Left Right

Gross inc VAT £ _____
(cash / cheque / credit card / debit card)

Deposit: £ _____ **Balance: £** _____

I agree that the balance will be paid in full by the due date

Signed: _____

Date: _____