

ECOSlide® | Quotation / Order Form

Please complete all sections below (please tick boxes required)

Company: _____ Contact Name: _____ Delivery Address: _____ _____ _____ Postcode: _____ Tel Number: _____ Email: _____	Tick here for a Quotation: <input type="checkbox"/> Tick here to go straight to Order: <input type="checkbox"/> Total Qty of Windows Required: _____ Your Reference: _____ Date: _____ Date Required for Delivery: _____ This is Sheet: _____ of: _____
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Please Specify Colour / Foil Finish Required:	Hardware:	Additional Extras:																																																																																																																					
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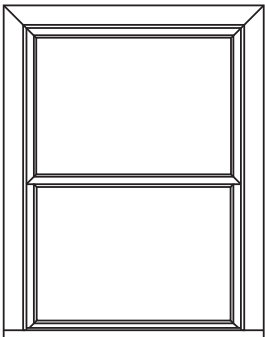
Item:			
Location: _____			
Width mm _____			
Height mm _____			
Transom Drop 50/50 <input type="checkbox"/> Other _____			
Quantity _____			
Cill Horns Yes <input type="checkbox"/> _____ mm each side			
Cill 152mm <input type="checkbox"/> 185mm <input type="checkbox"/> 225mm <input type="checkbox"/>			
Add Ons Included in sizes unless stated otherwise			
Head	25mm <input type="checkbox"/>	40mm <input type="checkbox"/>	N/A <input type="checkbox"/>
Cill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LHS Jamb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RHS Jamb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trickle Vent Yes <input type="checkbox"/> Quantity: _____			

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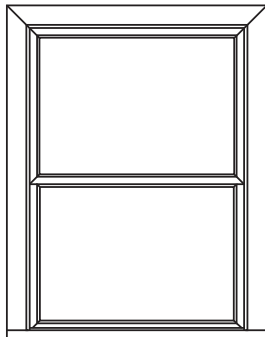
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If required, sketch bars below
 Int' Georgian Ext' Astragal



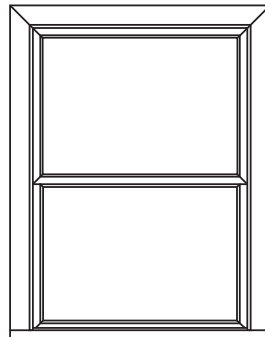
Toughened Glass as standard

If required, sketch bars below
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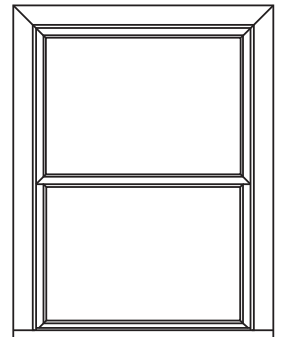
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If required, sketch bars below
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Toughened Glass as standard

If required, sketch bars below
 Int' Georgian Ext' Astragal



Toughened Glass as standard

Glass Pattern: _____

Glass Pattern: _____

Glass Pattern: _____

Glass Pattern: _____

Special Instructions: e.g RAL spray

Trickle Vent table*			
Min	Max	No. Vents	EQA
370	599	1x2500	2500
600	849	2x2500	5000
850	1099	3x2500	7500
1100	1600	4x2500	10000