

ORDER FORM (MODUS CASEMENT)

UNIQUE WINDOW SYSTEMS LTD
87 Parker Drive, Leicester, LE4 0JP
Tel: (0116) 236 4656 Fax: (0116) 234 1770

Company Name:	Quotation No:	Order No. U
Delivery Address: (If not Invoice Address)		Page _____ of _____
		Ordered On:
		DEL / COL On:
Cust Ref:		Payment Due:

‘VIEWED FROM OUTSIDE’

PROFILE : FLUSH CASEMENT STANDARD CASEMENT SLIM REBATE CASEMENT GLAZED UNGLAZED

COLOUR - WHITE CREAM COLOUR: _____ ON WHITE BEADS - 28mm Std 44mm Triple Glz

QTY. _____	LOC. _____	W: _____	Wide Outer: Head / All	Glass: _____	Hinge: Std / Easy Cln / 90° / Triad
	Ht(inc.cill): _____	Hdl Col: Wht / Chr / Slv / Blk	Low E : Y / N	Locking: Std / Shootbolt	
	Trans Drop: _____	Thermal Inserts : Y / N	Argon: Y / N	T. Vent: None / Sash / Frame	
	Mull Width: _____	Modus Flush External seal (NO LOCKABLE VENT FACILITY)	Tough: Y / N	Add-On: Y / N: 10 / 25 / 50	
	Sizes to inc. Add Ons	BRUSH PILE on OUTER* <input checked="" type="checkbox"/>	Triple Glz: Y / N	Loc: Side L / Side R / Top / Bottom	
VIEWED OUTSIDE		*FLUSH SASH ONLY		Swiss Spacer: Gry / Wht / Blk	
ADDITIONAL INFO:					

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ADDITIONAL INFO:					

Further information:	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 _____

Minimum transom drop 375 mm