

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	*Low thresholds are non-weather rated

Trickle Vents <input type="checkbox"/>	Cill type: <input type="checkbox"/> None
* Fitted in Bottom of Master Door Unless Frame Extender used in Head of Frame	<input type="checkbox"/> 150mm <input type="checkbox"/> 180mm

Any special requirements:	20mm Frame Extender:
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Location: <input type="checkbox"/> Head/Top
	<input type="checkbox"/> Left <input type="checkbox"/> 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: _____