



ALUMINIUM ORDER FORM

Delivery Date Required: _____

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

Glazed ☐ Unglazed ☐ -----'VIEWED FROM OUTSIDE'

Aluk 58BW/58BWST System :	EXTERNAL BEAD SLIM SASH <input type="checkbox"/>	INTERNAL BEAD COMMERCIAL SASH <input type="checkbox"/>	INTERNAL BEAD SLIM SASH <input type="checkbox"/>
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RAL COLOUR – STD WHITE <input type="checkbox"/>	7016 GREY <input type="checkbox"/>	STD BLACK <input type="checkbox"/>	RAL Out: _____ / RAL In : _____ <input type="checkbox"/>
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QTY. _____	LOC. _____	W: _____	Wide Outer: Head / All	Glass: _____	Hinge: Std / Easy Cln 90° / Rest
	Ht(inc.cill): _____	Hdl Col: Wht / Gld / Chr / Blk	Low E: Y / N	Locking: Std	
	Trans Drop: _____		Argon: Y / N	T. Vent: None / Sash / Frame	
	Mull Width: _____		Tough: Y / N	20mm Add-On: Y / N:	
	Sizes to inc. Add Ons		Swiss Spacer: Gry / Wht / Blk	Loc: Side L / Side R / Top / Bottom	Cill: F/D / Stub / 150 / 180 / _____
VIEWED OUTSIDE					

ADDITIONAL INFO: _____

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	Ht(inc.cill): _____	Hdl Col: Wht / Gld / Chr / Blk	Low E: Y / N	Locking: Std	
	Trans Drop: _____		Argon: Y / N	T. Vent: None / Sash / Frame	
	Mull Width: _____		Tough: Y / N	20mm Add-On: Y / N:	
	Sizes to inc. Add Ons		Swiss Spacer: Gry / Wht / Blk	Loc: Side L / Side R / Top / Bottom	Cill: F/D / Stub / 150 / 180 / _____
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VIEWED OUTSIDE					

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 _____



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Registered in England, Company Number: 16267073