

CORTIZO BIFOLD PLUS ORDER FORM

Delivery	Date Rec	uired:	

Company name:		Quote no. Order no.				
Delivery address: (If not invoice address)			Page of			
		Ordered on				
			DEL / COL On			
Cust ref:			Payment due			
VIEWED FROM THE OUTSIDE						
GLAZED			UNGLAZED			
TOUGH – (4/20/4)mm Clear ,T	oughened,Argon Gas Black Sw	isspacer				
LAM – (6.8/18/4)mm Clear , Toughened, Argon Gas Black Swisspacer						
Folding options (when viewed from Please state opening configuration (refer to the diagrams to	•	Folding options (please circle)	2-2-0 3-3-0 apposite drawing 3-0-3 is opposite drawing			
Total door leaves Leaves folding left	Leaves folding right					
Qty: Location:		3.2.1				
Dimensions:			opposite drawing 4-3-1 is opposite drawing			
Overall width (inc add-ons if required)	mm					
Overall height (inc add-ons and cill if required)	<u>mm</u>	4-2-2	5-4-1 5-1-4 is opposite drawing			
Open: In O	out		o 14 o opposite didwing			
	No	5-5-0	5-2-3			
COLOUR:		5-0-5 is opposite drawi	5-2-3 is opposite drawing			
WHITE GREY	BLACK	6-1-5	63.3			
RAL: RAL	/WHITE :	6-5-1 is opposite drawing				
* Dual Colours Priced On Application						
Furniture colour:	Threshold:	6-6-0	6-4-2			
White Chrome	Standard (47mm) Low T/Hold 29mm*	6-0-6 is opposite drawir	6-2-4 is opposite drawing			
Black Satin Silver	* Low thresholds are non-weather rated					
Trickle Vents Qty: Cill type: No Add on required □ 105mm □ 165 □ 195mm □ 245		Gross inc VAT £ (cash / cheque / credit card / debit card) Deposit: £ Balance: £				
Any special requirements:	Frame Extender: 25mm 37mm	agree that the balance will be paidin full by the due date				
	Location: Head/Top	Signed:				
	Left Right	Date:				

