



CORTIZO CASEMENT ORDER FORM

Delivery Date Required:

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

-----'VIEWED FROM OUTSIDE'-----

System : Cortizo ☐ Sash : Slim Sash ☐ Heavy Duty ☐ Outer : Std ☐ Flush ☐ Bead : Internal ☐ External ☐

RAL Colour: White ☐ 7016 Grey ☐ 9005 Black ☐ RAL Outside: _____ / RAL Inside _____ ☐

SBD: Yes ☐ No ☐ ☐ GLAZED ☐ UNGLAZED Furniture col: White ☐ Chrome ☐ Satin Silver ☐ Black ☐

Qty	Loc	Qty	Loc	Qty	Loc	Qty	Loc
W: _____ H: _____ Trans drop: _____ Mull Width: _____ Wide Outer: All / None Hinge: Std / Easy Clean / Rest. T-Vent: <input type="checkbox"/> Qty: _____ Add On: Y/N 20mm / 38mm Location: Left / Right / Top / Bottom Cill: 90mm / 150mm / 180mm / 230mm GLASS: _____ Low E : Y / N Argon: Y / N Tough: Y / N SWISS SPACER: Grey / White / Black Obscure Pattern: _____		W: _____ H: _____ Trans drop: _____ Mull Width: _____ Wide Outer: All / None Hinge: Std / Easy Clean / Rest. T-Vent: <input type="checkbox"/> Qty: _____ Add On: Y/N 20mm / 38mm Location: Left / Right / Top / Bottom Cill: 90mm / 150mm / 180mm / 230mm GLASS: _____ Low E : Y / N Argon: Y / N Tough: Y / N SWISS SPACER: Grey / White / Black Obscure Pattern: _____		W: _____ H: _____ Trans drop: _____ Mull Width: _____ Wide Outer: All / None Hinge: Std / Easy Clean / Rest. T-Vent: <input type="checkbox"/> Qty: _____ Add On: Y/N 20mm / 38mm Location: Left / Right / Top / Bottom Cill: 90mm / 150mm / 180mm / 230mm GLASS: _____ Low E : Y / N Argon: Y / N Tough: Y / N SWISS SPACER: Grey / White / Black Obscure Pattern: _____		W: _____ H: _____ Trans drop: _____ Mull Width: _____ Wide Outer: All / None Hinge: Std / Easy Clean / Rest. T-Vent: <input type="checkbox"/> Qty: _____ Add On: Y/N 20mm / 38mm Location: Left / Right / Top / Bottom Cill: 90mm / 150mm / 180mm / 230mm GLASS: _____ Low E : Y / N Argon: Y / N Tough: Y / N SWISS SPACER: Grey / White / Black Obscure Pattern: _____	
Additional Info:		Additional Info:		Additional Info:		Additional Info:	
		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 Office Address: 124 City Road, London, England, EC1V 2NX

Registered in England, Company Number: 16267073