

ECOSlide Quotation / Order Form

Please complete all sections below (please tick boxes required)

Company _____

Contact Name _____

Delivery Address _____

Postcode _____

Tick here for a Quotation Tick here to go straight to Order

Total Qty of Windows Required

Your Reference Date __/__/__

Date Required for Delivery __/__/__ This Is Sheet Of

Tel Number _____ Fax Number _____

Email _____

Window 1	Window 2	Window 3	Window 4	Window 5
Width mm <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Width mm <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Width mm <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Width mm <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Width mm <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Height mm <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Height mm <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Height mm <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Height mm <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Height mm <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Transom Drop: <input type="text"/>	Transom Drop: <input type="text"/>	Transom Drop: <input type="text"/>	Transom Drop: <input type="text"/>	Transom Drop: <input type="text"/>
Quantity: <input type="text"/>	Quantity: <input type="text"/>	Quantity: <input type="text"/>	Quantity: <input type="text"/>	Quantity: <input type="text"/>
Cill Horns: Yes <input type="checkbox"/> No <input type="checkbox"/> _____mm	Cill Horns: Yes <input type="checkbox"/> No <input type="checkbox"/> _____mm	Cill Horns: Yes <input type="checkbox"/> No <input type="checkbox"/> _____mm	Cill Horns: Yes <input type="checkbox"/> No <input type="checkbox"/> _____mm	Cill Horns: Yes <input type="checkbox"/> No <input type="checkbox"/> _____mm
Cill: 152mm <input type="checkbox"/> 185mm <input type="checkbox"/> 225mm <input type="checkbox"/>	Cill: 152mm <input type="checkbox"/> 185mm <input type="checkbox"/> 225mm <input type="checkbox"/>	Cill: 152mm <input type="checkbox"/> 185mm <input type="checkbox"/> 225mm <input type="checkbox"/>	Cill: 152mm <input type="checkbox"/> 185mm <input type="checkbox"/> 225mm <input type="checkbox"/>	Cill: 152mm <input type="checkbox"/> 185mm <input type="checkbox"/> 225mm <input type="checkbox"/>
Add Ons (20mm) None <input type="checkbox"/> Head <input type="checkbox"/>	Add Ons (20mm) None <input type="checkbox"/> Head <input type="checkbox"/>	Add Ons (20mm) None <input type="checkbox"/> Head <input type="checkbox"/>	Add Ons (20mm) None <input type="checkbox"/> Head <input type="checkbox"/>	Add Ons (20mm) None <input type="checkbox"/> Head <input type="checkbox"/>
Cill <input type="checkbox"/> LHS Jamb <input type="checkbox"/> RHS Jamb <input type="checkbox"/>	Cill <input type="checkbox"/> LHS Jamb <input type="checkbox"/> RHS Jamb <input type="checkbox"/>	Cill <input type="checkbox"/> LHS Jamb <input type="checkbox"/> RHS Jamb <input type="checkbox"/>	Cill <input type="checkbox"/> LHS Jamb <input type="checkbox"/> RHS Jamb <input type="checkbox"/>	Cill <input type="checkbox"/> LHS Jamb <input type="checkbox"/> RHS Jamb <input type="checkbox"/>
Trickle Vent Required: No <input type="checkbox"/>	Trickle Vent Required: No <input type="checkbox"/>	Trickle Vent Required: No <input type="checkbox"/>	Trickle Vent Required: No <input type="checkbox"/>	Trickle Vent Required: No <input type="checkbox"/>
Yes <input type="checkbox"/> If Yes: Head <input type="checkbox"/> Sash <input type="checkbox"/>	Yes <input type="checkbox"/> If Yes: Head <input type="checkbox"/> Sash <input type="checkbox"/>	Yes <input type="checkbox"/> If Yes: Head <input type="checkbox"/> Sash <input type="checkbox"/>	Yes <input type="checkbox"/> If Yes: Head <input type="checkbox"/> Sash <input type="checkbox"/>	Yes <input type="checkbox"/> If Yes: Head <input type="checkbox"/> Sash <input type="checkbox"/>
Sash horns Required: No <input type="checkbox"/>	Sash horns Required: No <input type="checkbox"/>	Sash horns Required: No <input type="checkbox"/>	Sash horns Required: No <input type="checkbox"/>	Sash horns Required: No <input type="checkbox"/>
Run-through <input type="checkbox"/> Plant-on <input type="checkbox"/>	Run-through <input type="checkbox"/> Plant-on <input type="checkbox"/>	Run-through <input type="checkbox"/> Plant-on <input type="checkbox"/>	Run-through <input type="checkbox"/> Plant-on <input type="checkbox"/>	Run-through <input type="checkbox"/> Plant-on <input type="checkbox"/>
Furniture: Satin <input type="checkbox"/> White <input type="checkbox"/>	Furniture: Satin <input type="checkbox"/> White <input type="checkbox"/>	Furniture: Satin <input type="checkbox"/> White <input type="checkbox"/>	Furniture: Satin <input type="checkbox"/> White <input type="checkbox"/>	Furniture: Satin <input type="checkbox"/> White <input type="checkbox"/>
Chrome <input type="checkbox"/> Gold <input type="checkbox"/> Black <input type="checkbox"/>	Chrome <input type="checkbox"/> Gold <input type="checkbox"/> Black <input type="checkbox"/>	Chrome <input type="checkbox"/> Gold <input type="checkbox"/> Black <input type="checkbox"/>	Chrome <input type="checkbox"/> Gold <input type="checkbox"/> Black <input type="checkbox"/>	Chrome <input type="checkbox"/> Gold <input type="checkbox"/> Black <input type="checkbox"/>
Travel Restrictors: Yes <input type="checkbox"/> No <input type="checkbox"/>	Travel Restrictors: Yes <input type="checkbox"/> No <input type="checkbox"/>	Travel Restrictors: Yes <input type="checkbox"/> No <input type="checkbox"/>	Travel Restrictors: Yes <input type="checkbox"/> No <input type="checkbox"/>	Travel Restrictors: Yes <input type="checkbox"/> No <input type="checkbox"/>
Pole Eyes: Yes <input type="checkbox"/> No <input type="checkbox"/>	Pole Eyes: Yes <input type="checkbox"/> No <input type="checkbox"/>	Pole Eyes: Yes <input type="checkbox"/> No <input type="checkbox"/>	Pole Eyes: Yes <input type="checkbox"/> No <input type="checkbox"/>	Pole Eyes: Yes <input type="checkbox"/> No <input type="checkbox"/>
D Handle: Yes <input type="checkbox"/> No <input type="checkbox"/>	D Handle: Yes <input type="checkbox"/> No <input type="checkbox"/>	D Handle: Yes <input type="checkbox"/> No <input type="checkbox"/>	D Handle: Yes <input type="checkbox"/> No <input type="checkbox"/>	D Handle: Yes <input type="checkbox"/> No <input type="checkbox"/>
Sash Lifts: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sash Lifts: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sash Lifts: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sash Lifts: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sash Lifts: Yes <input type="checkbox"/> No <input type="checkbox"/>
If required, sketch bars below	If required, sketch bars below	If required, sketch bars below	If required, sketch bars below	If required, sketch bars below
Int' Georgian <input type="checkbox"/> Ext' Astragal <input type="checkbox"/>	Int' Georgian <input type="checkbox"/> Ext' Astragal <input type="checkbox"/>	Int' Georgian <input type="checkbox"/> Ext' Astragal <input type="checkbox"/>	Int' Georgian <input type="checkbox"/> Ext' Astragal <input type="checkbox"/>	Int' Georgian <input type="checkbox"/> Ext' Astragal <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px; height: 100px;">Toughened Glass Standard</div>	<div style="border: 1px solid black; padding: 5px; height: 100px;">Toughened Glass Standard</div>	<div style="border: 1px solid black; padding: 5px; height: 100px;">Toughened Glass Standard</div>	<div style="border: 1px solid black; padding: 5px; height: 100px;">Toughened Glass Standard</div>	<div style="border: 1px solid black; padding: 5px; height: 100px;">Toughened Glass Standard</div>
Pattern Glass Style If Required: <input type="text"/>	Pattern Glass Style If Required: <input type="text"/>	Pattern Glass Style If Required: <input type="text"/>	Pattern Glass Style If Required: <input type="text"/>	Pattern Glass Style If Required: <input type="text"/>

Please Specify Colour / Foil Finish Required:

Profile Colour	Foil In & Out	Foil on White
Standard White <input type="checkbox"/>	Crystal White <input type="checkbox"/>	Rosewood <input type="checkbox"/>
Standard Cream <input type="checkbox"/>	Cream <input type="checkbox"/>	Black Brown <input type="checkbox"/>
	Irish Oak <input type="checkbox"/>	Chartwell Green <input type="checkbox"/>
	Golden Oak <input type="checkbox"/>	Anthracite Grey <input type="checkbox"/>
	Anthracite Grey <input type="checkbox"/>	Golden Oak <input type="checkbox"/>

Special Instructions

e.g Bay Layouts

Please Email or Fax back to receive your quotation within 1 hour

Email: sales@victoriansliders.co.uk

Fax: 01269 846201

www.victoriansliders.co.uk



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