



ECOSlide®
Elegant Sash Windows

Quotation / Order Form

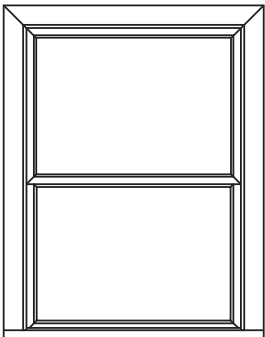
Please complete all sections below (please tick boxes required)

<p>Company: _____</p> <p>Contact Name: _____</p> <p>Delivery Address: _____</p> <p>_____</p> <p style="text-align:right">Postcode: _____</p> <p>Tel Number: _____</p> <p>Email: _____</p>	<p>Tick here for a Quotation: <input type="checkbox"/> Tick here to go straight to Order: <input type="checkbox"/></p> <p>Total Qty of Windows Required: _____</p> <p>Your Reference: _____</p> <p>Date: _____</p> <p>Date Required for Delivery: _____</p> <p>This is Sheet: of: _____</p>
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Please Specify Colour / Foil Finish Required:	Hardware:	Additional Extras:																																																							
<p>Profile Colour Standard White <input type="checkbox"/></p> <p>Sash Horns: Run-through <input type="checkbox"/> No Horns <input type="checkbox"/></p>	<table><tr><td>Standard Furniture</td><td>Yes</td><td>No</td><td>Furniture Colours</td><td></td></tr><tr><td>Travel Restrictors</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>White</td><td><input type="checkbox"/></td></tr><tr><td>Pole Eyes</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Black</td><td><input type="checkbox"/></td></tr><tr><td>Sash Lifts</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Chrome</td><td><input type="checkbox"/></td></tr><tr><td>Tilt Knobs</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Gold</td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td>Satin</td><td><input type="checkbox"/></td></tr><tr><td>Alternative Furniture</td><td>Yes</td><td>No</td><td>Antique Gold</td><td><input type="checkbox"/></td></tr><tr><td>D Handles</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Rose Gold</td><td><input type="checkbox"/></td></tr><tr><td>If Yes</td><td></td><td></td><td>Black Nickel</td><td><input type="checkbox"/></td></tr><tr><td>Internal <input type="checkbox"/></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>External <input type="checkbox"/></td><td></td></tr></table>	Standard Furniture	Yes	No	Furniture Colours		Travel Restrictors	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>	Pole Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Black	<input type="checkbox"/>	Sash Lifts	<input type="checkbox"/>	<input type="checkbox"/>	Chrome	<input type="checkbox"/>	Tilt Knobs	<input type="checkbox"/>	<input type="checkbox"/>	Gold	<input type="checkbox"/>				Satin	<input type="checkbox"/>	Alternative Furniture	Yes	No	Antique Gold	<input type="checkbox"/>	D Handles	<input type="checkbox"/>	<input type="checkbox"/>	Rose Gold	<input type="checkbox"/>	If Yes			Black Nickel	<input type="checkbox"/>	Internal <input type="checkbox"/>								External <input type="checkbox"/>		<p>DocQ* <input type="checkbox"/> All <input type="checkbox"/></p> <p>Secured by Design* <input type="checkbox"/> Items: _____</p> <p>Fire Egress* <input type="checkbox"/></p> <p>Deep Bottom Rail* <input type="checkbox"/></p> <p>Acoustic Glass <input type="checkbox"/></p> <p>Laminated Glass <input type="checkbox"/></p> <p>1.2 U Value <input type="checkbox"/></p> <p>White Spacer Bar <input type="checkbox"/></p> <p>Upgraded Security Hardware <input type="checkbox"/></p> <p><small>*Please list the items requiring an upgrade</small></p>
Standard Furniture	Yes	No	Furniture Colours																																																						
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Item:			
Location: _____			
Width mm	_____		
Height mm	_____		
Transom Drop	50/50 <input type="checkbox"/> Other _____		
Quantity	_____		
Cill Horns	Yes <input type="checkbox"/> _____ mm each side		
Cill	152mm <input type="checkbox"/> 185mm <input type="checkbox"/> 225mm <input type="checkbox"/>		
Add Ons Included in sizes unless stated otherwise			
	25mm	40mm	N/A
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LHS Jamb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RHS Jamb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trickle Vent	Yes <input type="checkbox"/> Quantity: _____		No <input type="checkbox"/>

If required, sketch bars below
Int' Georgian ☐ Ext' Astragal ☐

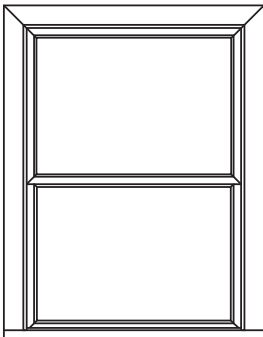


Toughened Glass as standard

Glass Pattern: _____

Item:			
Location: _____			
Width mm	_____		
Height mm	_____		
Transom Drop	50/50 <input type="checkbox"/> Other _____		
Quantity	_____		
Cill Horns	Yes <input type="checkbox"/> _____ mm each side		
Cill	152mm <input type="checkbox"/> 185mm <input type="checkbox"/> 225mm <input type="checkbox"/>		
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If required, sketch bars below
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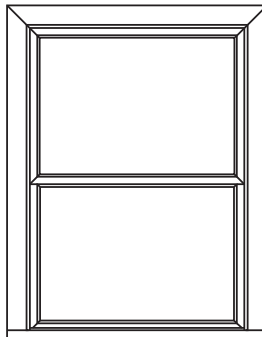


Toughened Glass as standard

Glass Pattern: _____

Item:			
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Width mm	_____		
Height mm	_____		
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Trickle Vent	Yes <input type="checkbox"/> Quantity: _____		No <input type="checkbox"/>

If required, sketch bars below
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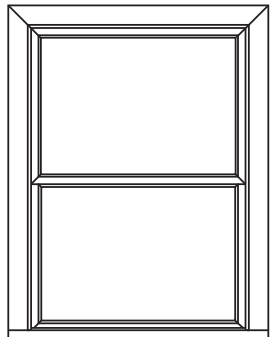


Toughened Glass as standard

Glass Pattern: _____

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Int' Georgian ☐ Ext' Astragal ☐



Toughened Glass as standard

Glass Pattern: _____

Special Instructions: e.g RAL spray	Categories
	<p>Please Select One</p> <p>Newbuild Private <input type="checkbox"/></p> <p>Newbuild Public <input type="checkbox"/></p> <p>Private RMI – Nationals <input type="checkbox"/></p> <p>Private RMI <input type="checkbox"/></p> <p>Public RMI <input type="checkbox"/></p>

Trickle Vent table*			
Min	Max	No. Vents	EQA
370	599	1x2500	2500
600	849	2x2500	5000
850	1099	3x2500	7500
1100	1600	4x2500	10000