

status:		<input type="checkbox"/> enquiry	<input type="checkbox"/> order
project number:		purchase order:	
project manager:		phone number:	
desired delivery date:		date:	
project:			
delivery address:			
contact person on site:			
Pos.:		01	02
no.:			
frame dimensions	width: (mm)		
	height: (mm)		
	type of frame:	<input type="checkbox"/> type 1 <input type="checkbox"/> type 2 <input type="checkbox"/> type 3 thickness: _____ mm (see detail glazingprofile)	<input type="checkbox"/> type 1 <input type="checkbox"/> type 2 <input type="checkbox"/> type 3 thickness: _____ mm (see detail glazingprofile)
no. of blades:			
blade panel type	type of filling:	<input type="checkbox"/> glazed <input type="checkbox"/> insulated blades	<input type="checkbox"/> glazed <input type="checkbox"/> insulated blades
	glass:	<input type="checkbox"/> double glazing <input type="checkbox"/> triple glazing	<input type="checkbox"/> double glazing <input type="checkbox"/> triple glazing
	glass design: standard: outer side: 6mm air space: 20mm inner side: 6mm	outer side: _____ mm air space: _____ mm inner side: _____ mm (air space: _____ mm)	outer side: _____ mm air space: _____ mm inner side: _____ mm (air space: _____ mm)
	type of glass:		
finish	finish:	<input type="checkbox"/> powder coated <input type="checkbox"/> natural anodised	<input type="checkbox"/> powder coated <input type="checkbox"/> natural anodised
	colour supplier & colourcode:		
controls	type of control:	<input type="checkbox"/> manual <input type="checkbox"/> electric _____ V <input type="checkbox"/> pneumatic	<input type="checkbox"/> manual <input type="checkbox"/> electric _____ V <input type="checkbox"/> pneumatic
	description:		
	cable length: (standard = 2,5m)	_____ m	_____ m
	cable exit: (LAH 65 only)	<input type="checkbox"/> top <input type="checkbox"/> bottom <input type="checkbox"/> side through frame	<input type="checkbox"/> top <input type="checkbox"/> bottom <input type="checkbox"/> side through frame
	control position:	<input type="checkbox"/> position A (right side) <input type="checkbox"/> position B (left side) height _____ mm	<input type="checkbox"/> position A (right side) <input type="checkbox"/> position B (left side) height _____ mm
fixing brackets / special adaptor:			
smoke vents CE- certified:		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

