

Southside Windows

Tel: 0141 881 9911 | Fax: 0141 881 9111

Order Form

Name: _____
 Job Ref: _____
 Address: _____

 Tel No: _____

Please Tick

- | | | | | | | |
|-----------------------------------|---|--------------------------------------|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Estimate | <input type="checkbox"/> White | <input type="checkbox"/> Oak | <input type="checkbox"/> Glazed | <input type="checkbox"/> Gold | <input type="checkbox"/> Inside | <input type="checkbox"/> Gold |
| <input type="checkbox"/> Order | <input type="checkbox"/> Rosewood | <input type="checkbox"/> Oak & White | <input type="checkbox"/> Unglazed | <input type="checkbox"/> Silver | | <input type="checkbox"/> White |
| | <input type="checkbox"/> Rosewood & White | <input type="checkbox"/> Coloured | | <input type="checkbox"/> Super | | <input type="checkbox"/> Silver |

Width: _____
 Height: _____
 Cill Type: _____
 Drainage: _____
 Transom _____
 Mullion _____
 Permavent: _____
 Glass: _____
 Extras: _____

1

Width: _____
 Height: _____
 Cill Type: _____
 Drainage: _____
 Transom _____
 Mullion _____
 Permavent: _____
 Glass: _____
 Extras: _____

2

Width: _____
 Height: _____
 Cill Type: _____
 Drainage: _____
 Transom _____
 Mullion _____
 Permavent: _____
 Glass: _____
 Extras: _____

3

Width: _____
 Height: _____
 Cill Type: _____
 Drainage: _____
 Transom _____
 Mullion _____
 Permavent: _____
 Glass: _____
 Extras: _____

4

Width: _____
 Height: _____
 Cill Type: _____
 Drainage: _____
 Transom _____
 Mullion _____
 Permavent: _____
 Glass: _____
 Extras: _____

5

Width: _____
 Height: _____
 Cill Type: _____
 Drainage: _____
 Transom _____
 Mullion _____
 Permavent: _____
 Glass: _____
 Extras: _____

6

Width: _____
 Height: _____
 Cill Type: _____
 Drainage: _____
 Transom _____
 Mullion _____
 Permavent: _____
 Glass: _____
 Extras: _____

7

Width: _____
 Height: _____
 Cill Type: _____
 Drainage: _____
 Transom _____
 Mullion _____
 Permavent: _____
 Glass: _____
 Extras: _____

8

Unless otherwise stated any Cills, Add-ons & Bay Poles etc shown above will be assumed to be included in sizes

Signed: _____

Date: _____

< Indicates Point of Hinge