

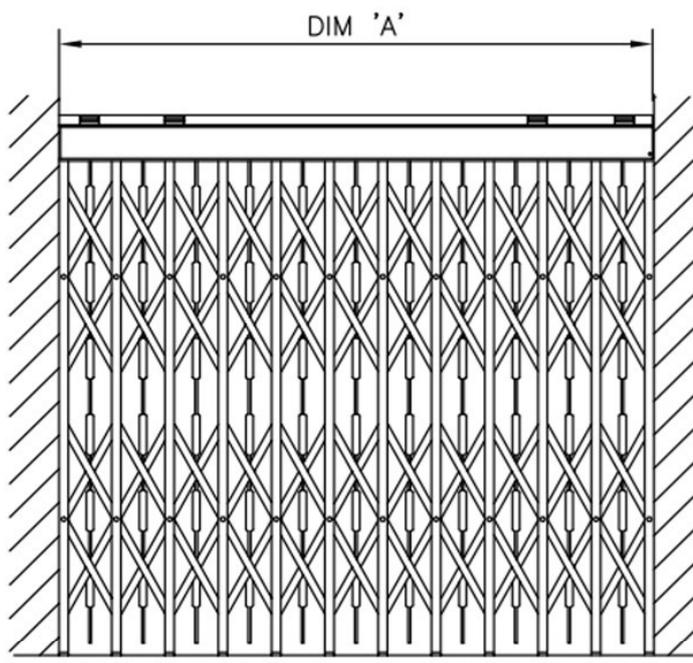
CLIENT ADDRESS

DELIVERY ADDRESS

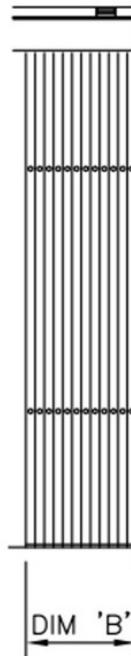
ADDITIONAL INFORMATION			
QUOTE NO:	<input type="text"/>	NAME:	<input type="text"/>
ORDER NO:	<input type="text"/>	SIGNATURE:	<input type="text"/>
ORDER DATE:	<input type="text"/>		
REQUIRED DATE:	<input type="text"/>		
THIS FORM IS FOR:	<input type="checkbox"/> QUOTATION	<input type="checkbox"/> MANUFACTURE	

DOOR DETAILS					
NUMBER OF GATES REQUIRED:	<input type="text"/>				
DOOR TYPE:	<table border="1"> <thead> <tr> <th>LH</th> <th>RH</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	LH	RH	<input type="checkbox"/>	<input type="checkbox"/>
LH	RH				
<input type="checkbox"/>	<input type="checkbox"/>				
DIMENSION "A" (OVERALL WIDTH):	<input type="text"/>				
DIMENSION "C" (CLEAR WIDTH):	<input type="text"/>				
DIMENSION "D" (OVERALL HEIGHT):	<input type="text"/>				
DIMENSION "F" (BETWEEN TRACKS):	<input type="text"/>				
STANDARD TOP TRACK REQUIRED:	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
63 X 16 ONE ROUND EDGE TYPE					
STANDARD TOP TRACK REQUIRED:	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
90mm BOX TYPE					
BOTTOM TRACK REQUIRED:	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
IF NO: PLEASE SHOW DIMENSIONS OF EXISTING IN DETAIL "Z"					
HANDLE NO.1 (BOW):	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
HANDLE NO.3 (FINGER):	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
REINFORCED FRONT:	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
STANDARD GALVANISED FINISH	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
IF NO: PLEASE SUPPLY DETAILS					

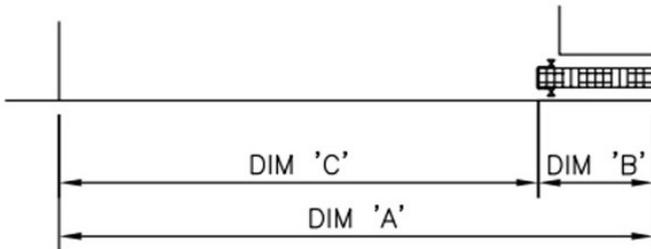
SPECIAL REQUIRMENTS



ALL DIMENSIONS ARE IN mm



STANDARD CHANNEL
 BOTTOM TRACK (25 x
 25 x 3)



16mm PICKETS	NUMBER OF PICKETS																
	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
MAX Width	600	746	892	1038	1184	1330	1476	1622	1768	1915	2061	2077	2353	2499	2645	2662	2679
Bunch	87	105	122	140	157	175	192	210	227	244	262	279	296	313	330	347	364

