

# BESPOKE VS Quotation / Order Form

Please complete all sections below (please tick boxes required)

Company **Affordable Window Systems Ltd (Aldon Branch)**

Tick here for a Quotation

Tick here to go straight to Order

Contact Name

Total Qty of Windows Required

Delivery Address

Your Reference

Date Required for Delivery

This is Sheet

Of

Tel Number

Fax Number

Email **sales@a-w-s.co.uk**

Date

Postcode

| Window 1   | Window 2   | Window 3   | Window 4   | Window 5   |
|--|--|--|--|--|
| Width mm <input type="text"/>  | Width mm <input type="text"/>  | Width mm <input type="text"/>  | Width mm <input type="text"/>  | Width mm <input type="text"/>  |
| Height mm <input type="text"/>   | Height mm <input type="text"/>   | Height mm <input type="text"/>   | Height mm <input type="text"/>   | Height mm <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"/> Chrome <input type="checkbox"/> White <input type="checkbox"/> | Furniture: Satin <input type="checkbox"/> Chrome <input type="checkbox"/> White <input type="checkbox"/> | Furniture: Satin <input type="checkbox"/> Chrome <input type="checkbox"/> White <input type="checkbox"/> | Furniture: Satin <input type="checkbox"/> Chrome <input type="checkbox"/> White <input type="checkbox"/> | Furniture: Satin <input type="checkbox"/> Chrome <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"/>                            |
| Toughened Glass Standard   | Toughened Glass Standard   | Toughened Glass Standard   | Toughened Glass Standard   | Toughened Glass Standard   |
| Toughened Glass Standard   | Toughened Glass Standard   | Toughened Glass Standard   | Toughened Glass Standard   | Toughened Glass Standard   |
| Pattern Glass Style If Required:   | Pattern Glass Style If Required:   | Pattern Glass Style If Required:   | Pattern Glass Style If Required:   | Pattern Glass Style If Required:   |

**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"/> Cream <input type="checkbox"/>                  |
| Standard Cream <input type="checkbox"/> | Cream <input type="checkbox"/>         | Black Brown <input type="checkbox"/> Irish Oak <input type="checkbox"/>           |
|   | Irish Oak <input type="checkbox"/>     | Chartwell Green <input type="checkbox"/> Anthracite Grey <input type="checkbox"/> |
|   | Golden Oak <input type="checkbox"/>    | Golden Oak <input type="checkbox"/>   |

**Special Instructions**

e.g Bay Layouts