



Phone: 910-343-3338 **DOOR** Fax: 910-763-1355

Order Quote

Company: _____

By: _____ Fax: _____

Purchase Order: _____

Job Name: _____

Ship to: _____

City: _____ Zip: _____

Attn: _____ Phone: _____

Lead Times

STANDARD LEAD TIME

QUICK SHIP 5 3 2 1

QTY: _____ HANDING: _____ THICK =1.75 Other: _____

MATERIAL: CRS GALV SS GAUGE: _____

MANUF. LOCATIONS: _____

LOCK PREP _____ D/B _____ OTHER: _____

BACKSET 2.75 PER TEMPLATE OTHER: _____

CORE: POLYSTYRENE STEEL STIFFENED

BEVEL EDGE: STRIKE HINGE BOTH NONE

EDGE: BUTT HEMMED OTHER _____

DOOR OPENING-NORMAL:

WIDTH: FT _____ IN _____ HEIGHT: FT _____ IN _____

DOWNSIZE _____ CLEARANCE _____ UNDERCUT _____

NET DOOR SIZE: (in inches)

WIDTH _____ INCHES HEIGHT _____ INCHES

HINGES: SIZE: _____ WEIGHT _____

NONE BUTT PIVOT CONT OTHER: _____

FLUSH BOLTS: (12" STD.) MFG.# _____

TOP _____ BOTTOM _____

TOPCAP: (STD) (FLUSH) BOTTOMCAP: (STD) (FLUSH)

GLASS LITE KIT (DRAW IN ON DOOR WITH DIMENSIONS) NONE-

STANDARD FLUSH KIT CUT OUT W/ Channel (CUSTOMER KIT) CUT OUT W/ Channel (CMP KIT)

MFG Brand: _____ MFG Model: _____

Width: _____ Height: _____

GLASS THICKNESS 1/4" OTHER _____

LOUVER KIT (W/REINF.) YES _____ NO _____

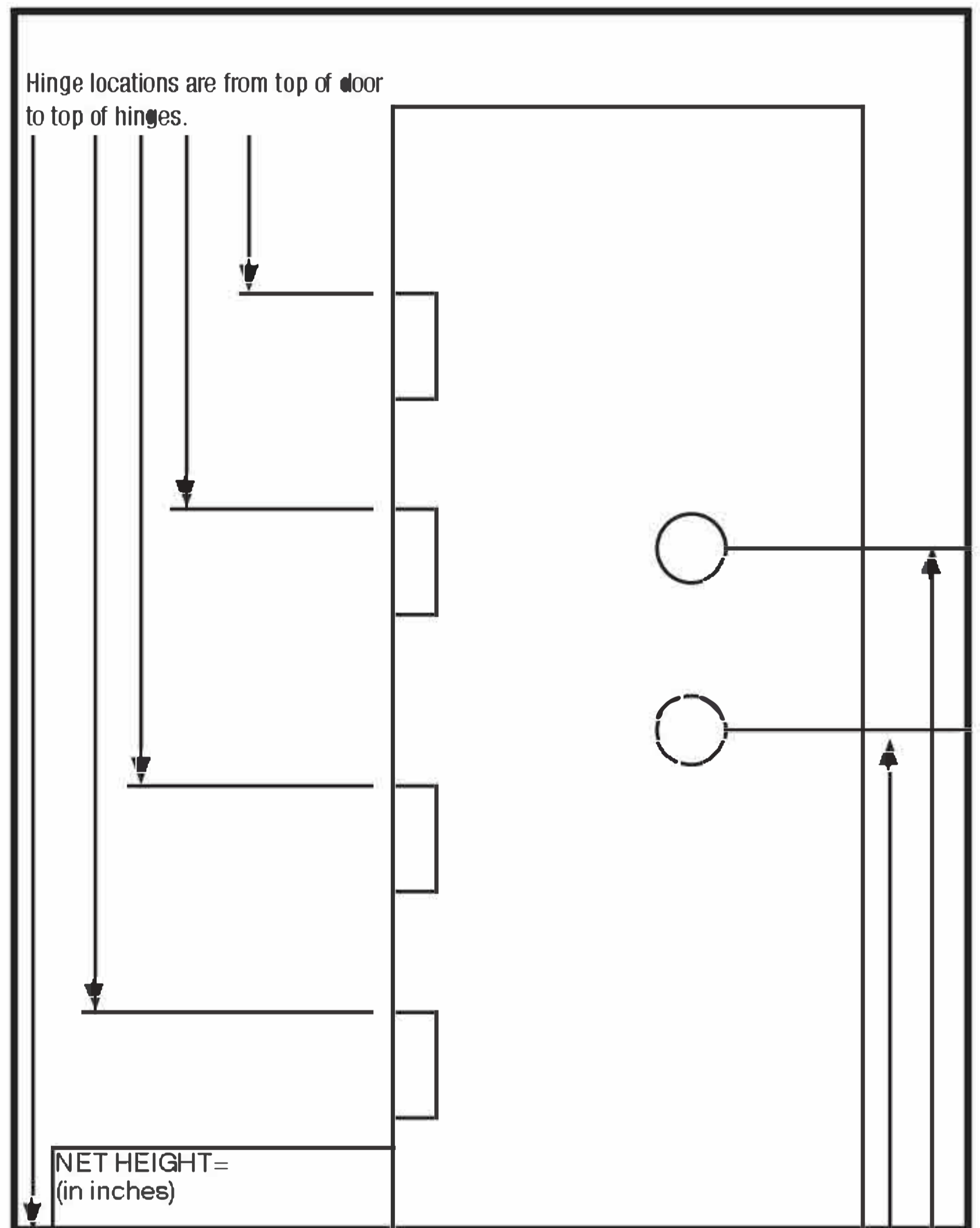
WIDTH _____ HEIGHT _____

ASTRAGAL _____ (12 ga.) CLOSER REINFORCEMENT: _____

SEAMLESS: (Y/N) WELDED FILLED

UL RATING: 3 1.5 45min 20min

SPECIAL INSTRUCTIONS:



CUSTOMER MARK NUMBERS:

NOTES ABOUT THIS ORDER:

SALES PERSON:
