

**PIONEER TRADING
COMPANY ESSEX LTD.**

VERTICAL SLIDER ORDER FORM

TEL: 01245 362236

FAX: 01245 362421

QUOTE ORDER

Frame Colour

White

Mahogany

Rosewood

Oak

Mahogany on White

Oak on White

From: _____

Address: _____

Tel: _____

Fax: _____

PT No. _____

Ref: _____

Order

Date: _____

Date

Required: _____

Price: _____

Location	1.	2.	3.	4.	5.	6.
Frame Design						
Overall Width						
Overall Height						
Transom Drop						
External Cill / Size (mm)	150 <input type="checkbox"/> 210 <input type="checkbox"/>	150 <input type="checkbox"/> 210 <input type="checkbox"/>	150 <input type="checkbox"/> 210 <input type="checkbox"/>	150 <input type="checkbox"/> 210 <input type="checkbox"/>	150 <input type="checkbox"/> 210 <input type="checkbox"/>	150 <input type="checkbox"/> 210 <input type="checkbox"/>
Sash Horns	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Furniture Colour	White <input type="checkbox"/> Gold <input type="checkbox"/> Chrome <input type="checkbox"/>	White <input type="checkbox"/> Gold <input type="checkbox"/> Chrome <input type="checkbox"/>	White <input type="checkbox"/> Gold <input type="checkbox"/> Chrome <input type="checkbox"/>	White <input type="checkbox"/> Gold <input type="checkbox"/> Chrome <input type="checkbox"/>	White <input type="checkbox"/> Gold <input type="checkbox"/> Chrome <input type="checkbox"/>	White <input type="checkbox"/> Gold <input type="checkbox"/> Chrome <input type="checkbox"/>
Trickle Vent	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Slide Restrictors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Deep Bottom Rail Mechanical						
Slim Bottom Rail Welded						
Glass / Pattern						
Astragal Bar						
Geo / Lead						
Comments						

Please complete all section for efficient return of quotes, confirmations & glass sizes.

Name _____ Signature _____ Date _____