

ORDER FORM | ALUMINIUM WINDOWS

UNIQUE WINDOW SYSTEMS LTD
 87 Parker Drive, Leicester, LE4 0JP
Phone: (0116) 236 4656
Email: orderpvc@uws.co.uk

Company Name:	Quotation No:	Order No. U
Delivery Address: (If not Invoice Address)		Page _____ of _____
Cust Ref:		Ordered On:
		DEL / COL On:
		Payment Due:

Glazed Unglazed ----- **'VIEWED FROM OUTSIDE'**

Aluk 58BW/58BWST System: EXTERNAL BEAD SLIM SASH INTERNAL BEAD COMMERCIAL SASH INTERNAL BEAD SLIM SASH

RAL COLOUR – STD WHITE 7016 GREY STD BLACK RAL Out: _____ / RAL In : _____

QTY.	LOC.	W: _____	Wide Outer: Head / All	Glass: _____	Hinge: Std / Easy Cln 90° / Rest
<div style="border: 1px dashed black; width: 100%; height: 100%;"></div>		Ht(inc.cill): _____	Hdl Col: Wht / Gld / Chr / Blk	Low E: Y / N	Locking: Std
		Trans Drop: _____		Argon: Y / N	T. Vent: None / Sash / Frame
		Mull Width: _____		Tough: Y / N	20mm Add-On: Y / N:
		Sizes to inc. Add Ons		Swiss Spacer: Gry / Wht / Blk	Loc: Side L / Side R / Top / Bottom
VIEWED OUTSIDE					
ADDITIONAL INFO:					

ADDITIONAL INFO:

QTY.	LOC.	W: _____	Wide Outer: Head / All	Glass: _____	Hinge: Std / Easy Cln 90° / Rest
<div style="border: 1px dashed black; width: 100%; height: 100%;"></div>		Ht(inc.cill): _____	Hdl Col: Wht / Gld / Chr / Blk	Low E: Y / N	Locking: Std
		Trans Drop: _____		Argon: Y / N	T. Vent: None / Sash / Frame
		Mull Width: _____		Tough: Y / N	20mm Add-On: Y / N:
		Sizes to inc. Add Ons		Swiss Spacer: Gry / Wht / Blk	Loc: Side L / Side R / Top / Bottom
VIEWED OUTSIDE					
ADDITIONAL INFO:					

ADDITIONAL INFO:

QTY.	LOC.	W: _____	Wide Outer: Head / All	Glass: _____	Hinge: Std / Easy Cln 90° / Rest
<div style="border: 1px dashed black; width: 100%; height: 100%;"></div>		Ht(inc.cill): _____	Hdl Col: Wht / Gld / Chr / Blk	Low E: Y / N	Locking: Std
		Trans Drop: _____		Argon: Y / N	T. Vent: None / Sash / Frame
		Mull Width: _____		Tough: Y / N	20mm Add-On: Y / N:
		Sizes to inc. Add Ons		Swiss Spacer: Gry / Wht / Blk	Loc: Side L / Side R / Top / Bottom
VIEWED OUTSIDE					
ADDITIONAL INFO:					

ADDITIONAL INFO:

Further information:	Gross Inc. V.A.T.: £ _____ Cash / Chq / CC Deposit: £ _____ Balance: £ _____ I agree that the balance will be paid in full by the due date: Signed _____ Date _____
-----------------------------	---

ORDER FORM | ALUMINIUM RESIDENTIAL & SLIDING DOOR

UNIQUE WINDOW SYSTEMS LTD
 87 Parker Drive, Leicester, LE4 0JP
Phone: (0116) 236 4656
Email: orderpvc@uws.co.uk

Company Name:	Quotation No:	Order No. U
Delivery Address: (If not Invoice Address)		Page of
Cust Ref:		Ordered On:
		DEL / COL On:
		Payment Due:

Glazed Unglazed

-----'VIEWED FROM OUTSIDE'

Aluk System : 58BD RESIDENTIAL DOOR SYSTEM <input type="checkbox"/>	BSC94 SLIDING DOOR (DUO) <input type="checkbox"/>	(TRI) <input type="checkbox"/>
RAL COLOUR – STD WHITE <input type="checkbox"/>	7016 GREY <input type="checkbox"/>	STD BLACK <input type="checkbox"/>
RAL Out: _____ / RAL In : _____ <input type="checkbox"/>		

Qty.	1. Loc.	W: _____	Glass: _____ T/S	Hdl Type: L/Lever / L/Pad	Cill: F/D / Stub / 150 / 190 /
		H (inc. cill): _____	Low E: Y / N	Hdl Col: Wht /Gld /Chr /Slv /Blk	Add-On: Y / N: (20mm)
		Trans Drop: _____	Argon: Y / N	Handle Operated Slave: Y / N	Loc: Side L / Side R / Top / Bottom
		Mull Width: _____	Swiss Spacer: Gry / Wht / Blk	Hinge: Flag	Ali Low Thresh: Y / N
		Midr. Height: _____	Panel: _____	Hinged: Left / Right	*Low thresholds are non-weather rated
	VIEWED OUTSIDE			Opens: In / Out	With Part M Ramp: Single / Double
				Master: Left / Right	Letter Box: Wht /Gld /Chr /Slv /Blk
General Comments:					T.Vent: None / Sash / Frame

Qty.	1. Loc.	W: _____	Glass: _____ T/S	Hdl Type: L/Lever / L/Pad	Cill: F/D / Stub / 150 / 190 /
		H (inc. cill): _____	Low E: Y / N	Hdl Col: Wht /Gld /Chr /Slv /Blk	Add-On: Y / N: (20mm)
		Trans Drop: _____	Argon: Y / N	Handle Operated Slave: Y / N	Loc: Side L / Side R / Top / Bottom
		Mull Width: _____	Swiss Spacer: Gry / Wht / Blk	Hinge: Flag	Ali Low Thresh: Y / N
		Midr. Height: _____	Panel: _____	Hinged: Left / Right	*Low thresholds are non-weather rated
	VIEWED OUTSIDE			Opens: In / Out	With Part M Ramp: Single / Double
				Master: Left / Right	Letter Box: Wht /Gld /Chr /Slv /Blk
General Comments:					T.Vent: None / Sash / Frame

Qty.	1. Loc.	W: _____	Glass: _____ T/S	Hdl Type: L/Lever / L/Pad	Cill: F/D / Stub / 150 / 190 /
		H (inc. cill): _____	Low E: Y / N	Hdl Col: Wht /Gld /Chr /Slv /Blk	Add-On: Y / N: (20mm)
		Trans Drop: _____	Argon: Y / N	Handle Operated Slave: Y / N	Loc: Side L / Side R / Top / Bottom
		Mull Width: _____	Swiss Spacer: Gry / Wht / Blk	Hinge: Flag	Ali Low Thresh: Y / N
		Midr. Height: _____	Panel: _____	Hinged: Left / Right	*Low thresholds are non-weather rated
	VIEWED OUTSIDE			Opens: In / Out	With Part M Ramp: Single / Double
				Master: Left / Right	Letter Box: Wht /Gld /Chr /Slv /Blk
General Comments:					T.Vent: None / Sash / Frame

Gross Inc. V.A.T.: £ _____ Cash / Chq / CC	I agree that the balance will be paid in full by the due date:
Deposit: £ _____ Balance: £ _____	Signed _____ Date _____

ORDER FORM | HIGH TRAFFIC COMMERCIAL DOOR

UNIQUE WINDOW SYSTEMS LTD
 87 Parker Drive, Leicester, LE4 0JP
Phone: (0116) 236 4656
Email: orderpvc@uws.co.uk

Company Name:	Quotation No:	Order No. U
Delivery Address: (If not Invoice Address)		Page of
Cust Ref:		Ordered On:
		DEL / COL On:
		Payment Due:

Glazed Unglazed -----'VIEWED FROM OUTSIDE'

System : HIGH TRAFFIC COMMERCIAL DOOR SYSTEM - Thermally Broken System <input checked="" type="checkbox"/>
RAL COLOUR - STD WHITE <input type="checkbox"/> 7016 GREY <input type="checkbox"/> STD BLACK <input type="checkbox"/> RAL Out: _____ / RAL In : _____ <input type="checkbox"/>

Qty.	1. Loc.	W: _____	Glass: _____ T/S	Hinge: Anti Finger Trap	Cill: None / Stub / 150 / 190 /
		H (inc. cill): _____	Low E: Y / N	Concealed Door Closer:	Cill Pressing: Y / N:
		Trans Drop: _____	Argon: Y / N	Set to: Hold Open / Close	(Details Required)
		Mull Width: _____	Swiss Spacer: Gry / Wht / Blk	Hinged: Left / Right	Ali Low Thresh: Yes
		Midr. Height: _____	Panel: _____	Opens: In / Out	With Part M Ramp: Single / Double
		VIEWED OUTSIDE		Master: Left / Right	Locking: Hook / Electric Strike
					Elec Strike set: Fail Safe / Fail open

General Comments:	Hdl Type: Pad
	Hdl Col: Silver

Qty.	1. Loc.	W: _____	Glass: _____ T/S	Hinge: Anti Finger Trap	Cill: None / Stub / 150 / 190 /
		H (inc. cill): _____	Low E: Y / N	Concealed Door Closer:	Cill Pressing: Y / N:
		Trans Drop: _____	Argon: Y / N	Set to: Hold Open / Close	(Details Required)
		Mull Width: _____	Swiss Spacer: Gry / Wht / Blk	Hinged: Left / Right	Ali Low Thresh: Yes
		Midr. Height: _____	Panel: _____	Opens: In / Out	With Part M Ramp: Single / Double
		VIEWED OUTSIDE		Master: Left / Right	Locking: Hook / Electric Strike
					Elec Strike set: Fail Safe / Fail open

General Comments:	Hdl Type: Pad
	Hdl Col: Silver

Qty.	1. Loc.	W: _____	Glass: _____ T/S	Hinge: Anti Finger Trap	Cill: None / Stub / 150 / 190 /
		H (inc. cill): _____	Low E: Y / N	Concealed Door Closer:	Cill Pressing: Y / N:
		Trans Drop: _____	Argon: Y / N	Set to: Hold Open / Close	(Details Required)
		Mull Width: _____	Swiss Spacer: Gry / Wht / Blk	Hinged: Left / Right	Ali Low Thresh: Yes
		Midr. Height: _____	Panel: _____	Opens: In / Out	With Part M Ramp: Single / Double
		VIEWED OUTSIDE		Master: Left / Right	Locking: Hook / Electric Strike
					Elec Strike set: Fail Safe / Fail open

General Comments:	Hdl Type: Pad
	Hdl Col: Silver

Gross Inc. V.A.T.: £ _____ Cash / Chq / CC	I agree that the balance will be paid in full by the due date:
Deposit: £ _____ Balance: £ _____	Signed _____ Date _____

ORDER FORM | ALUMINIUM BAY/CONSERVATORY

UNIQUE WINDOW SYSTEMS LTD
 87 Parker Drive, Leicester, LE4 0JP
Phone: (0116) 236 4656
Email: orderpvc@uws.co.uk

Company Name:	Quotation No:	Order No. U
Delivery Address: (If not Invoice Address)		Page of
Cust Ref:		Ordered On:
		DEL / COL On:
		Payment Due:

Glazed Unglazed ----- **'VIEWED FROM OUTSIDE'**

Aluk 58BW/58BWST System :	EXTERNAL BEAD SLIM SASH <input type="checkbox"/>	INTERNAL BEAD COMMERCIAL SASH <input type="checkbox"/>	INTERNAL BEAD SLIM SASH <input type="checkbox"/>
Aluk System :	58BD RESIDENTIAL DOOR SYSTEM <input type="checkbox"/>	BSC94 SLIDING DOOR (DUO) <input type="checkbox"/>	(TRI) <input type="checkbox"/>
RAL COLOUR -	STD WHITE <input type="checkbox"/>	7016 GREY <input type="checkbox"/>	STD BLACK <input type="checkbox"/>
RAL Out: _____		RAL In : _____ <input type="checkbox"/>	

FRAME DRAWING: OUTSIDE VIEW

Location: _____

1 2 3 4 5 6 7 8

<p>DOORS</p> <p>Item No's: _____</p> <p>Height (inc cill): _____</p> <p>Trans Drop: _____</p> <p>Mullion Width: _____</p> <p>Midrail Height: _____</p> <p>Hdl Type: L/Lever / L/Pad</p> <p>Hdl Col: Wht /Gld /Chr /Slv /Blk</p> <p>Hinge: Flag</p> <p>Hinged: Left / Right</p> <p>Opens: In / Out</p> <p>Ali Low Threshold: Y / N</p> <p>Part M Ramp: Single / Double</p> <hr/> <p>Master: Left / Right</p> <p>Handle to Slave: Y / N</p>	<p>WINDOWS</p> <p>Height (inc cill): _____</p> <p>Trans Drop: _____</p> <p>Mullion Width: _____</p> <p>Hinge: Std /E.C-90° / Rst/ Tri/Mega</p> <p>Hdl Col: Wht/Gld/Chr/Slv/Blk</p> <p>T.Vent: None / Sash / Frame</p> <p>Locking: Std</p> <p>Coupler: Y / N</p> <p>Loc: Side L / Side R / Top / Bottom</p>	<p>WINDOWS / DOORS</p> <p>Glass: _____</p> <p>Low E: Y / N</p> <p>Argon: Y / N</p> <p>Tough: Y / N</p> <p>Swiss Spacer: Gry / Wht / Blk</p> <p>Add on: Y / N (20mm)</p> <p>Location: Top / Bottom / Left / Right</p> <p>Poles: Variable Angle / 90 Deg</p> <p>Cill: F/D / Stub / 150 / 190 /</p>	<p>Gross Inc. V.A.T.: £ _____ Cash / Chq / CC / Debit</p> <p>Deposit: £ _____ Balance: £ _____</p> <p>I agree that the balance will be paid in full by the due date:</p> <p>Signed _____ Date _____</p>
---	--	---	---

FORM | **ALUMINIUM AMENDMENT / CANCELLATION**

UNIQUE WINDOW SYSTEMS LTD
 87 Parker Drive, Leicester, LE4 0JP
Phone: (0116) 236 4656
Email: trade@uws.co.uk

Company Name:		Cust ID:	Order No. U
Delivery Address: (If not Invoice Address)			Page of
			Ordered On:
			DEL / COL On:
Cust Ref:		U / B	Payment Due:

Glazed Unglazed ----- **'VIEWED FROM OUTSIDE'**

AMENDMENT OR CANCELLATION

Internal Dimensions to be given to all layouts above

Gross Inc. V.A.T.: £ _____ Cash / Chq / CC

Deposit: £ _____ Balance: £ _____

I agree that the balance will be paid in full by the due date:

Signed _____ Date _____