QUOTE REQUEST FORM

JEWEL SASHLESS WINDOWS

Supply Only ☐ Supply & Install ☐ Job Reference: _____

ABN 42612793763
Ph: 03 9770 8708
Fax: 03 9775 0295
sales@jewelsashless.com.au

YOUR DETAILS

Company: _____

Address: _____

Contact + Phone: _____ Email: _____

INSTALL DETAILS (CONTINUE TO INSERT DETAILS IF SUPPLY ONLY)

Factory Fit ☐ Site Fit ☐ Window Replacement ☐ Occupied Premises ☐

Site Address: _____

Contact + Phone: _____ Email: _____

Master Frames: New ☐ Existing ☐ Thermally Broken ☐ Material: _____

INSERT DETAILS

Single Glazed ☐ Double Glazed ☐ Thermally Broken ☐ Jewel Action ☐ BAL Rating: _____

Finish: Dulux ☐ Interpon ☐ Natural Anodised 20um ☐ Special Anodised ☐ KDHW ☐ WRC ☐

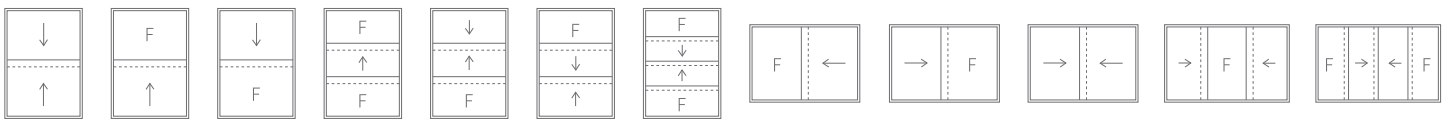
Colour & Code: _____ ***MUST PROVIDE CODE**

Lock Cover: Silver ☐ Black ☐ Matching ☐

Handles: Acrylic ☐ Continuous Lift ☐

T M B
Continuous Lift Handle Locations - Top / Middle / Bottom

Window #	Config (Window Code)	Restricted (Y / N)	Cont Lift T / M / B	QTY	Height x Width (mm)	Glass Type 6mm, 10mm or DGU (Inc Make up)
					TOTAL	



This form can be filled in using Acrobat Reader. Just click on the area and start typing. Use tab to jump to the next area. Save document when complete.