



Fax Back to: 0121 624 5004 or
Scan & Email to: sales@flairwindows.com



Quotation Form **Windows**

Company	
Contact Name	
Delivery Address	
Post Code	
Telephone Number	
Mobile	
Email	
Fax	
Customer Ref	
Quote No.	
Quoted By	
Delivery Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Required	
For office use only	
Quoted By	
Quoted Ref	
Total Cost Ex VAT	£

Location												
Viewed from outside												
Colour												
Glazed	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"/>		
Glass Type												
Obscure Glass												
Width		mm		mm		mm		mm		mm		
Depth inc Cill		mm		mm		mm		mm		mm		
Transon if not 400mm		mm		mm		mm		mm		mm		
Cill Type 1	150 <input type="checkbox"/>	180 <input type="checkbox"/>	150 <input type="checkbox"/>	180 <input type="checkbox"/>	150 <input type="checkbox"/>	180 <input type="checkbox"/>	150 <input type="checkbox"/>	180 <input type="checkbox"/>	150 <input type="checkbox"/>	180 <input type="checkbox"/>		
Cill Type 2	Stub <input type="checkbox"/>		Stub <input type="checkbox"/>		Stub <input type="checkbox"/>		Stub <input type="checkbox"/>		Stub <input type="checkbox"/>			
Concealed Drainage	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"/>		
Face Drainage	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"/>		
Frame Ext 15mm	T <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>	T <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>	T <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>	T <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>
Frame Ext 25mm	T <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>	T <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>	T <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>	T <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>
Trickle Vents	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"/>		
Handle Colour												
Fire Escape Hinge	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"/>		
Leaded	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"/>		
Georgian Bar	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"/>		
Astro Bar	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"/>		
Spacer Bar Colour												
Energy Rating	A <input type="checkbox"/>	C <input type="checkbox"/>	A <input type="checkbox"/>	C <input type="checkbox"/>	A <input type="checkbox"/>	C <input type="checkbox"/>	A <input type="checkbox"/>	C <input type="checkbox"/>	A <input type="checkbox"/>	C <input type="checkbox"/>		



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Quotation Form Doors

Company	
Contact Name	
Delivery Address	
Post Code	
Telephone Number	
Mobile	
Email	
Fax	
Customer Ref	
Quote No.	
Quoted By	
Delivery Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Required	
For office use only	
Quoted By	
Quoted Ref	
Total Cost Ex VAT	£

Location				
Viewed from outside				
Colour				
Glazed	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"/>
Glass Type				
Obscure Glass				
Panel Style				
Width	mm	mm	mm	mm
Height inc Cill	mm	mm	mm	mm
Cill Type	150 <input type="checkbox"/> 180 <input type="checkbox"/>	150 <input type="checkbox"/> 180 <input type="checkbox"/>	150 <input type="checkbox"/> 180 <input type="checkbox"/>	150 <input type="checkbox"/> 180 <input type="checkbox"/>
Frame Ext 15mm	T <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>
Frame Ext 25mm	T <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>
Threshold	Standard <input type="checkbox"/> Low <input type="checkbox"/> <small>UPVC Aluminium</small>	Standard <input type="checkbox"/> Low <input type="checkbox"/> <small>UPVC Aluminium</small>	Standard <input type="checkbox"/> Low <input type="checkbox"/> <small>UPVC Aluminium</small>	Standard <input type="checkbox"/> Low <input type="checkbox"/> <small>UPVC Aluminium</small>
Handle Colour				
Double Handles (french)	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"/>
Concealed Drainage	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"/>
Face Drainage	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"/>
Trickle Vents	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"/>
Spacer Bar Col				
Energy Rating	A <input type="checkbox"/> C <input type="checkbox"/>	A <input type="checkbox"/> C <input type="checkbox"/>	A <input type="checkbox"/> C <input type="checkbox"/>	A <input type="checkbox"/> C <input type="checkbox"/>
Door Open	Out <input type="checkbox"/> In <input type="checkbox"/>	Out <input type="checkbox"/> In <input type="checkbox"/>	Out <input type="checkbox"/> In <input type="checkbox"/>	Out <input type="checkbox"/> In <input type="checkbox"/>

Quotation Form **Patio Doors**

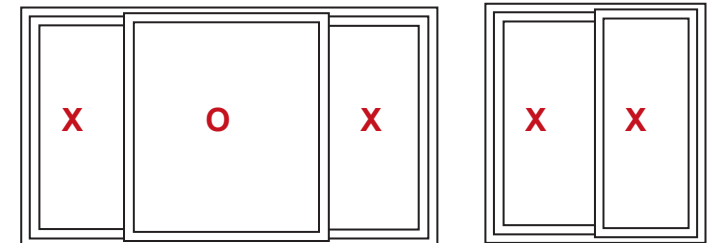
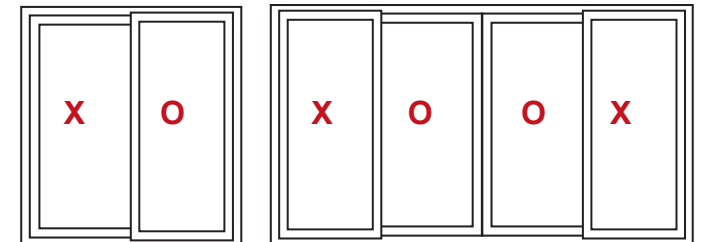
Company	
Contact Name	
Delivery Address	
Post Code	
Telephone Number	
Mobile	
Email	
Fax	
Customer Ref	
Quote No.	
Quoted By	
Delivery Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Required	
For office use only	
Quoted By	
Quoted Ref	
Total Cost Ex VAT	£

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Colour	
Width	mm
Height inc Cill	mm
Frame Ext 15mm	T <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>
Frame Ext 25mm	T <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>
Frame Ext 50mm	T <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>
Glazed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Glass Type	
Obscure Glass	Yes <input type="checkbox"/> No <input type="checkbox"/>
Midrail Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Midrail Position	mm
Letterbox Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Letterbox Colour	
Trickle Vents Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Trickle Vents Position	mm
Frame Drainage	None <input type="checkbox"/> Concealed <input type="checkbox"/>
Energy Rating	A <input type="checkbox"/> C <input type="checkbox"/>
Handle Colour	
Other info	

X = SLIDER O = FIXED
please indicate on drawings above

e.g.



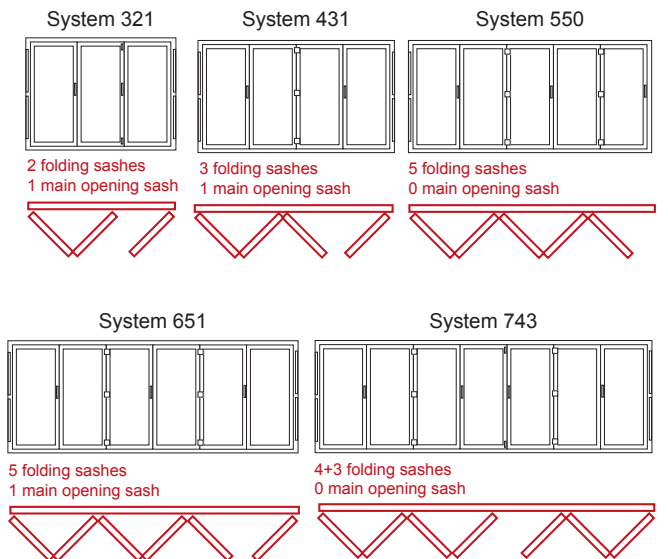
Quotation Form Bi-Fold Doors

Company	
Contact Name	
Delivery Address	
Post Code	
Telephone Number	
Mobile	
Email	
Fax	
Customer Ref	
Quote No.	
Quoted By	
Delivery Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Required	
For office use only	
Quoted By	
Quoted Ref	
Total Cost Ex VAT	£

--	--	--	--	--	--	--	--

System			
Colour			
Width			mm
Height inc Cill			mm
Frame Ext 15mm	T <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>
Frame Ext 25mm	T <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>
Glazed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Glass Type			
Obscure Glass	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Threshold	Standard <input type="checkbox"/>	Low <input type="checkbox"/>	
Cill Type	150 <input type="checkbox"/>	180 <input type="checkbox"/>	
Opening	Out <input type="checkbox"/>	In <input type="checkbox"/>	
Trickle Vents Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Trickle Vents Position			
Frame Drainage	None <input type="checkbox"/>	Concealed <input type="checkbox"/>	
Energy Rating	A <input type="checkbox"/>	C <input type="checkbox"/>	
Handle Colour			
Other info			

Example 321 =
3 sections
2 folding
1 opening





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Quotation Form Conservatories

Company	
Contact Name	
Delivery Address	
Post Code	
Telephone Number	
Mobile	
Email	
Fax	
Customer Ref	
Quote No.	
Quoted By	
Delivery Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Required	
For office use only	
Quoted By	
Quoted Ref	
Total Cost Ex VAT	£

Roof Only Option	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Style		
Colour	White <input type="checkbox"/>	
	Rosewood <input type="checkbox"/>	
	Light Oak <input type="checkbox"/>	
	Rosewood/White <input type="checkbox"/>	
	Light Oak/White <input type="checkbox"/>	
Front Elevation		mm
Right Gable Elevation		mm
Left Gable Elevation		mm
Glass Roof Options	Clear <input type="checkbox"/>	
	Clear Activ <input type="checkbox"/>	
	Blue Activ <input type="checkbox"/>	
Polycarbonate Roof Options (35mm)	Clear <input type="checkbox"/>	
	Opal <input type="checkbox"/>	
	Bronze <input type="checkbox"/>	
Frame Height F		mm
Frame Height L		mm
Frame Height R		mm
Glass Type		
Transon Drop		mm
Number of Vents		
French Doors	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Single Door	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Patio Door	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Door Handle Colour	White <input type="checkbox"/>	Brass <input type="checkbox"/> Chrome <input type="checkbox"/>
Window Handle Colour	White <input type="checkbox"/>	Brass <input type="checkbox"/> Chrome <input type="checkbox"/>
Tie Bar Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CAD Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<p style="color: red; font-size: small;">Plan View</p> <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																															<p style="color: red; font-size: small;">Front</p> <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																														

<p style="color: red; font-size: small;">Left</p> <p style="color: red; font-size: small; text-align: right;">mm</p> <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																															<p style="color: red; font-size: small;">Right</p> <p style="color: red; font-size: small; text-align: right;">mm</p> <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																														

NB All Drawings viewed from Outside

Notes



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Quotation Form Composite Door

Company	
Contact Name	
Delivery Address	
Post Code	
Telephone Number	
Mobile	
Email	
Fax	
Customer Ref	
Quote No.	
Quoted By	
Delivery Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Required	
For office use only	
Quoted By	
Quoted Ref	
Total Cost Ex VAT	£

Location				
Viewed from outside				
Door Style				
Door Colour Outside				
Door Colour Inside				
Frame Colour Outside				
Frame Colour Inside				
Width	mm	mm	mm	mm
Height inc Cill	mm	mm	mm	mm
Glazed	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"/>
Glass Design				
Obscure Glass				
Cill Type	150 <input type="checkbox"/> 180 <input type="checkbox"/>	150 <input type="checkbox"/> 180 <input type="checkbox"/>	150 <input type="checkbox"/> 180 <input type="checkbox"/>	150 <input type="checkbox"/> 180 <input type="checkbox"/>
Frame Ext 15mm	T <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>
Frame Ext 25mm	T <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>
Threshold Type				
Handle Colour				
Hinge Colour				
Knocker Style and Colour				
Letterbox Colour				
Door Open	Out <input type="checkbox"/> In <input type="checkbox"/>	Out <input type="checkbox"/> In <input type="checkbox"/>	Out <input type="checkbox"/> In <input type="checkbox"/>	Out <input type="checkbox"/> In <input type="checkbox"/>
Locking Type				