



ORDER FORM (WINDOWS/Folding Doors)

MIDLAND WINDOW GROUP (UK) LTD
 Unit D, Herald Way, Coventry, CV3 3NY
 Tel: (02476) 010188 Fax: (02476) 651527

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

ALUMINIUM-----'VIEWED FROM OUTSIDE'

PROFILE SUITE Beaufort		BEAD: INTERNAL <input type="checkbox"/> EXTERNAL <input type="checkbox"/>		GLAZED <input type="checkbox"/> UNGLAZED <input type="checkbox"/>	
BEAUFORT MWG		COLOUR - RAL: INSIDE OUTSIDE:			
QTY. LOC.	W: _____ Ht(inc.cill): _____ Trans Drop: _____ Mull Width: _____ Open: IN / OUT	Gaskets: Black	Glass: _____ Low E: Y / N Tough: Y / N Spacer Bar Col: Hdl Col: Wht / Gld / Slv / Blk	Hinge: Std / Easy Cln / 90° / Rest Hinge Col: Wht / Gld / Slv / Blk T. Vent: None / Sash / Frame Loc: Side L / Side R / Top / Bottom Cill: F/D / 85 / 150 / 180/____	Threshold: 22mm, 34mm; Full Frame
VIEWED OUTSIDE					
ADDITIONAL INFO:					
QTY. LOC.	W: _____ Ht(inc.cill): _____ Trans Drop: _____ Mull Width: _____ Open: IN / OUT	Gaskets: Black	Glass: _____ Low E: Y / N Tough: Y / N Spacer Bar Col: Hdl Col: Wht / Gld / Slv / Blk	Hinge: Std / Easy Cln / 90° / Rest Hinge Col: Wht / Gld / Slv / Blk T. Vent: None / Sash / Frame Loc: Side L / Side R / Top / Bottom Cill: F/D / 85 / 150 / 180/____	Threshold: 22mm, 34mm; Full Frame
VIEWED OUTSIDE					
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VIEWED OUTSIDE					
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 _____
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Note: All orders placed are subject to Midland Window Group Ltd Conditions of Sale which are available on request.



ORDER FORM (DOORS-Res/Comm)

MIDLAND WINDOW GROUP (UK) LTD
Unit D, Herald Way, Coventry, CV3 3NY
Tel: (02476) 010188 Fax: (02476) 651527

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ALUMINIUM-----'VIEWED FROM OUTSIDE'

BEADING	GLASS	BEAD	SASH	OUTER FRAME	GASKET	LOCKING	PROFILE SUITE	
INTERNAL <input type="checkbox"/>	GLAZED <input type="checkbox"/>	<input type="checkbox"/> STD <input type="checkbox"/>	<input type="checkbox"/>	STD <input type="checkbox"/>	BLACK <input type="checkbox"/>	2 HOOK <input type="checkbox"/>	Beaufort <input type="checkbox"/>	
EXTERNAL <input type="checkbox"/>	UNGLAZED <input type="checkbox"/>				BLACK <input type="checkbox"/>	HANDLE TO SLAVE <input type="checkbox"/>	Other <input type="checkbox"/>	
COLOUR - RAL:							SOLID:	DUAL:
								OTHER

Qty.	1. Loc.	W: _____	Glass: _____ T/S	Hdl Type: L/Lever / L/Pad	Cill: F/D / 85 / 150 / 180 / _
		H (inc. cill): _____	Low E: Y / N	Hdl Col: Wht / Gld / Slv / Blk	Low Thresh: Stnd / Ali / DDA
	VIEWED OUTSIDE	Trans Drop: _____	Panel: Half / Full	Hinged: Left / Right	Letter Box: N/A / Wht / Gld / Blk / Slv
		Mull Width: _____	Type: _____	Hinge Col: : Wht / Gld / Slv / Blk	T.Vent: None / Sash / Frame
		Midr. Height: _____		Opens: In / Out	Handle Operated Slave: Y / N
				Master: Left / Right	

General Comments:

Qty.	2. Loc.	W: _____	Glass: _____ T/S	Hdl Type: L/Lever / L/Pad	Cill: F/D / 85 / 150 / 180 / _
		H (inc. cill): _____	Low E: Y / N	Hdl Col: Wht / Gld / Slv / Blk	Low Thresh: Stnd / Ali / DDA
	VIEWED OUTSIDE	Trans Drop: _____	Panel: Half / Full	Hinged: Left / Right	Letter Box: N/A / Wht / Gld / Blk / Slv
		Mull Width: _____	Type: _____	Hinge Col: : Wht / Gld / Slv / Blk	T.Vent: None / Sash / Frame
		Midr. Height: _____		Opens: In / Out	Handle Operated Slave: Y / N
				Master: Left / Right	

General Comments:

Qty.	3. Loc.	W: _____	Glass: _____ T/S	Hdl Type: L/Lever / L/Pad	Cill: F/D / 85 / 150 / 180 / _
		H (inc. cill): _____	Low E: Y / N	Hdl Col: Wht / Gld / Slv / Blk	Low Thresh: Stnd / Ali / DDA
	VIEWED OUTSIDE	Trans Drop: _____	Panel: Half / Full	Hinged: Left / Right	Letter Box: N/A / Wht / Gld / Blk / Slv
		Mull Width: _____	Type: _____	Hinge Col: : Wht / Gld / Slv / Blk	T.Vent: None / Sash / Frame
		Midr. Height: _____		Opens: In / Out	Handle Operated Slave: Y / N
				Master: Left / Right	

General Comments:

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 _____

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SPECIAL INSTR. (Curtain Walling)

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SPECIAL INSTRUCTIONS

<p style="text-align: center;">Internal Dimensions to be given to all layouts above</p>

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