

Name:
Address:
County:
Email Address:
Phone number:

New or replacement?	
Double or triple glazed?	
PVC Colour:	
Handle colour:	
Existing windows type?	

Item Number:	Width (mm)	Height (mm)	Ground Floor	First Floor	Sketch of design
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Name:
Address:
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Phone number:

New or replacement?	
Double or triple glazed?	
PVC Colour:	
Handle colour:	
Existing windows type?	

Item Number:	Width (mm)	Height (mm)	Ground Floor	First Floor	Sketch of design
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					

Name:
Address:
County:
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Phone number:

New or replacement?	
Double or triple glazed?	
PVC Colour:	
Handle colour:	
Existing windows type?	

Item Number:	Width (mm)	Height (mm)	Ground Floor	First Floor	Sketch of design
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					