



Company Name:	
Address:	
Postcode:	
Date:	Required By:

Contact Name:  
Tel:  
Email:  
Your PO Number:  
Customer/Your Reference:

**PROFILE SYSTEM:**  PREMIER ARCHES PROFILE  **CUSTOMER OWN PROFILE**

<b>OUTER SIZE (MM)</b>
CODE:
<b>MULLION SIZE (MM)</b>
CODE:
<b>TRANSOM SIZE (MM)</b>
CODE:
<b>SASH SIZE (MM)</b>
CODE:
<b>ADD-ON SIZE (MM)</b>
CODE:
<b>BEAD TYPE</b>
CODE:

<b>PROFILE COLOUR</b>					
<b>HARDWARE (FITTINGS) COLOUR</b>					
<b>WINDOWS/DOORS OPEN</b>					
IN	<input type="checkbox"/>	OUT	<input type="checkbox"/>		
<b>BEADED</b>					
INTERNAL	<input type="checkbox"/>	EXTERNAL	<input type="checkbox"/>		
<b>DRAINAGE</b>					
NONE	<input type="checkbox"/>	FACE	<input type="checkbox"/>	BASE	<input type="checkbox"/>
<b>FRAME FINISH</b>					
GROOVED	<input type="checkbox"/>	KNIFED	<input type="checkbox"/>		
POLISHED	<input type="checkbox"/>				
<b>ALL HEIGHTS INCLUDE CILL</b>					
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
<b>PREMIER TO SUPPLY CILL</b>					
STUB	<input type="checkbox"/>	150MM	<input type="checkbox"/>	180MM	<input type="checkbox"/>

<b>TEMPLATE FOR BEND (IF NEEDED)</b>			
IS IN THE POST	<input type="checkbox"/>		
REQUIRES COLLECTING	<input type="checkbox"/>		
<b>GLASS TEMPLATE REQUIRED</b>			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>PREMIER TO SUPPLY GLASS</b>			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>ANY ADDITIONAL INFORMATION</b>			
<p> </p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p>			

<b>DESIGN &amp; DIMENSIONS</b> - DRAWING VIEWED OUTSIDE	<b>QUANTITY:</b>