



Quotation / Order Form

This is a: Quote Order Date _____

Supply only Supply & install (Vic only) Date required _____

Order / Job Number(if applicable) _____

Ph: 03 9770 8708

Fax: 03 9775 0295

kits@jewelsashless.com.au

install@jewelsashless.com.au

Contact Details

Company _____ Contact name _____

Email _____ Phone _____ Fax _____

Address _____ State _____ Postcode _____

Install address _____

Special Requirements

Powdercoat: Dulux Interpon Colour & code _____

Anodising: Natural 20um Other (specify) _____

Window details

Item	Window No. (on building plans)	Window Code (refer to below codes)	Quantity	Height x Width(mm)	Glass Type 6mm, 10mm or DGU (inc Make up)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Window type and code

