



Work Sheet

Date _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Salesman _____ Phone _____

Email _____ Fax _____

Measurements: *(In inches, to the nearest 1/16")*

Height:	Width:	Sill Depth:
<input type="text" value="Left"/>	<input type="text" value="Top"/>	<input type="text" value="Deep"/>
<input type="text" value="Center"/>	<input type="text" value="Middle"/>	<small>Measure Sill depth at several locations (top, bottom, side, etc). Enter the smallest measurement. Requires 3.250" minimum depth for Sill Mounted Systems.</small>
<input type="text" value="Right"/>	<input type="text" value="Bottom"/>	

Materials:

Wood / Finish:	<input type="text" value="Name / Number"/>
Fabric Insert:	<input type="text" value="Name / Number"/>
3form Insert:	<input type="text" value="Name / Number"/>

Mounting Type:

Surface Mount <small>(Mounts to wall)</small>	<input type="checkbox"/>
Sill Mount <small>(Mounts to inside Sill)</small>	<input type="checkbox"/>
Room Divider	<input type="checkbox"/>

Case Work:

Full Surround	<input type="checkbox"/>
3/4 Surround	<input type="checkbox"/>
Valance	<input type="checkbox"/>

Movement Style:

By-Passing	<input type="checkbox"/>
Bi-Folding	<input type="checkbox"/>

Panel Count: *(Total number of Panels)*

2	4	6	8	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panel Stacking: <small>Enter the Number of Panels to stack on each side</small>				
Left		Right		
<input type="text"/>		<input type="text"/>		

Panel Identification Codes: *(See Panel style sheet)*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1	2	3	4	5	6	7	8	9	10

Opening Type:

Window	<input type="checkbox"/>
Patio Door	<input type="checkbox"/>
Closet Door	<input type="checkbox"/>
Room Divider	<input type="checkbox"/>

Obstructions: *(In inches, to the nearest 1/16")*

Base Board	<input type="checkbox"/>	Height	<input type="text"/>	Depth	<input type="text"/>
Handle	<input type="checkbox"/>	Distance <small>(From wall)</small>	<input type="text"/>	In	<input type="checkbox"/>
Switch Plate	<input type="checkbox"/>	Distance <small>(From opening)</small>	<input type="text"/>	Left	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="text"/>			

Notes _____
