



Customer \_\_\_\_\_  
 Reference \_\_\_\_\_  
 Quote No \_\_\_\_\_  
 Req. Del Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Sheet  
 of

Quote  Order

## Aluminium Bi-Fold

### Style

<input type="checkbox"/> 2 Pane		<input type="checkbox"/> 7 Pane	
<input type="checkbox"/> 3 Pane		<input type="checkbox"/> 6 Pane	
<input type="checkbox"/> 4 Pane		<input type="checkbox"/> 5 Pane	



MB ALUMINIUM LTD

### Spec.

Overall Width  Overall Height

Overall sizes include any addons / cills and allow for any fitting tolerances required

**ADDONS**

	20mm	40mm
Left	<input type="text"/>	<input type="text"/>
Right	<input type="text"/>	<input type="text"/>
Top	<input type="text"/>	<input type="text"/>
Bottom	<input type="text"/>	<input type="text"/>

<b>EXT COLOUR</b> <input type="checkbox"/> White <input type="checkbox"/> Grey 7016m <input type="checkbox"/> Black 9005m <input type="checkbox"/> RAL Colour _____	<b>INT COLOUR</b> <input type="checkbox"/> White <input type="checkbox"/> Grey 7016m <input type="checkbox"/> Black 9005m <input type="checkbox"/> RAL Colour _____	<b>EXT. CILL</b> <input type="checkbox"/> 95mm <input type="checkbox"/> 150mm <input type="checkbox"/> 177mm <input type="checkbox"/> 190mm <input type="checkbox"/> None	<b>HANDLE</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Silver <input type="checkbox"/> Anthracite <input type="checkbox"/> Grey	<b>T/VENTS</b> <input type="checkbox"/> Yes <input type="checkbox"/> No T/V Routed into 40mm Addon	<b>GLASS</b> <input type="checkbox"/> Clear Tough <input type="checkbox"/> Patt. Tough _____ <input type="checkbox"/> Unglazed
<b>THRESHOLD</b> <input type="checkbox"/> Standard <input type="checkbox"/> Room Divider (non weathered)	<b>DIRECTION</b> <input type="checkbox"/> Outward (Std.) <input type="checkbox"/> Inward (non weathered)	<b>DRAINAGE</b> <input type="checkbox"/> Concealed <input type="checkbox"/> Face <input type="checkbox"/> None	<b>BEAD</b> <input type="checkbox"/> Chamfered <input type="checkbox"/> Square <input type="checkbox"/> Quick Clip	<b>DOC. Q</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>BLINDS</b> <input type="checkbox"/> Integral (Colour) _____

### Please Note

Use arrows to indicate which direction each leaf is sliding  
**FROM OUTSIDE**

