



Job No. _____ Invoice No. _____

496 Wallisdown Road, Bournemouth, Dorset, BH11 8PT Tel: 01202 525212 Fax: 01202 525214 Form ___ of ___

Purchaser: _____
 Address: _____
 Telephone: _____
 Date: _____

DELIVERY COLLECTION
 Delivery address if different: _____
 Email: _____
 Cust Ref: _____
 Date request: _____

Order value £ _____
 Delivery Charge £ _____
 VAT £ _____
 Total £ _____
 Deposit £ _____
 Balance £ _____

BC Order Form

CILL TYPE	COLOUR	DIAGRAM OF BAY CILL TO INCLUDE ITEM NOS ON ALL FACETS & ANGLES
86		MEASUREMENTS ARE INTERNAL TO BACK OF CILL
150		
180		
POLES TYPE		
NO. POLE/POST		
POST 90°		
POLE 135° - 180°		
POLE 90° - 180°		
POLE OGEE 135°		
ANGLES		
CILL TYPE	COLOUR	DIAGRAM OF BAY CILL TO INCLUDE ITEM NOS ON ALL FACETS & ANGLES
86		MEASUREMENTS ARE INTERNAL TO BACK OF CILL
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POLE 135° - 180°		
POLE 90° - 180°		
POLE OGEE 135°		
ANGLES		

This agreement is signed subject to the following special conditions. I/we agree to purchase the goods summarized above from Connaught Windows Ltd. subject to the terms and conditions printed overleaf which I have read and fully understand. This order is a summary only. For more detailed specification please refer to the computer work sheets.

Signed _____ Date _____

Print Name _____