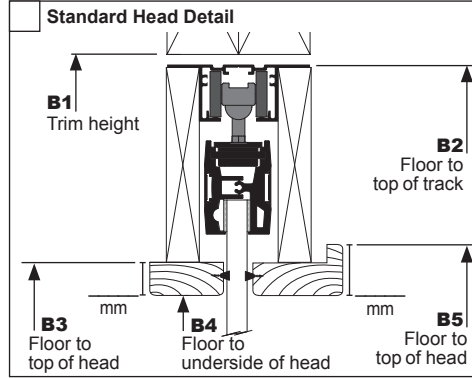
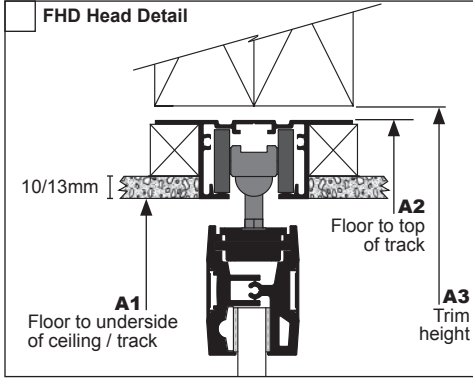


Date _____ Door location _____ CS Rep _____
 Customer _____ Phone _____
 Site _____ Email _____
 Contact _____ Measured from quote S _____

Only one Door per Form

Please match one of the Head Detail drawings with one of the Plan View drawings.



Door diagram

Please note if glass finish is handed.

Critical height dimension agreed: **A1 A2 A3 B1 B2 B3 B4 B5** (Circle one only) is: _____ mm.

Floor Details

Will cavity frame sit hard on top of the floor? Yes No

Is the floor existing at time of site measure? Yes No

Proposed thickness of floor covering = _____ mm

Is a gap under the door of 25mm (before floor coverings) acceptable? Yes No

Add _____ mm (max 15) to door height **OR** reduce cavity height by _____ mm (max 15) to reduce under door gap.

Is ceiling batten in place? Yes No

Is framing / resizing required on site? Yes No

Dimensions given by builder (not measured) Yes No

Door

Height _____ Width _____

Type _____

Glass _____

Finish _____

H/W _____

H/W height _____

Who is supplying the door?
 Cust. CS No door

SofStop®

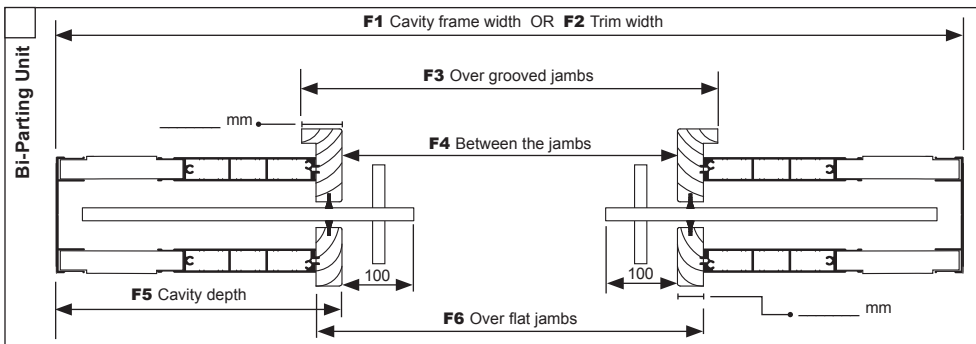
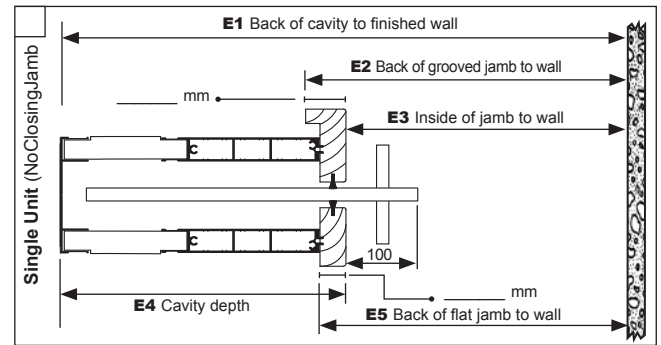
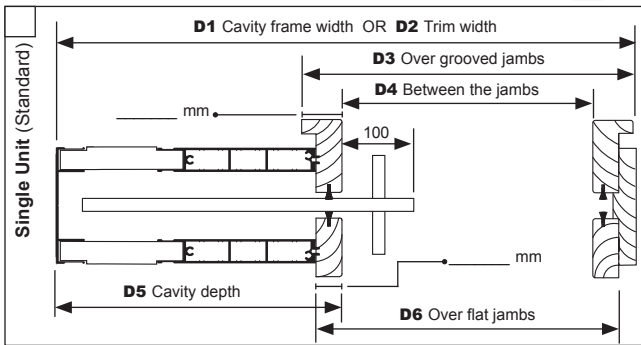
Soft close Soft Open

Wall configuration

10/90/10

13/90/13

Other _____



Mutually Agreed Critical Measurement of Dimension:

- D1 D2 D3 D4 D5 D6**
- E1 E2 E3 E4 E5**
- F1 F2 F3 F4 F5 F6**

(Please circle one only)
 is: _____ mm.

Please contact your rep for job progress enquiries or contact our office: **02 9905 0588**
 Email: estimating@cavitysliders.com.au

Signed by CS rep _____ Signed by (or on behalf of customer) _____
 Rep's contact no. _____ Print name _____