

# REGLAZE ENQUIRY

CUSTOMER NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

HM PHONE: \_\_\_\_\_

\_\_\_\_\_

WK PHONE: \_\_\_\_\_

MAIL ADDRESS: \_\_\_\_\_

MOBILE: \_\_\_\_\_

\_\_\_\_\_

TIME: \_\_\_\_\_

\_\_\_\_\_

JOB TO BE DONE: Timber Frame  Alu Frame  Steel Frame  PVC Frame  Keys \_\_\_\_\_

Window  OPENING  FIXED

Hinged / Bi-fold Door  Single Panel\*  Multi Panels \_\_\_\_\_ No of Panels \_\_\_\_\_

Sliding Door  Single Panel\*  Multi Panels \_\_\_\_\_ No of Panels \_\_\_\_\_

Door Sidelight  Single Panel\*  Multi Panels \_\_\_\_\_ No of Panels \_\_\_\_\_

Sloped / Overhead Glazing\*  IS THERE A DOG \_\_\_\_\_

\*Company policy only allows glazing in accordance with NZS 4223: SAFETY GLASS WOULD BE REQUIRED.

GLASS TYPE: \_\_\_\_\_ APPROX. SIZE: \_\_\_\_\_

WHERE ON THE PROPERTY: \_\_\_\_\_

\_\_\_\_\_

ESTIMATE PRICE: \$ \_\_\_\_\_

INSURANCE DETAILS: Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

Excess: \_\_\_\_\_ Claim No: \_\_\_\_\_

CHECKED BY:

GLASS.....

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.....

LAB \_\_\_\_\_ HR .....

OTHER .....

SUBTOTAL \$ \_\_\_\_\_

GST \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

YP \_\_\_\_\_ LD \_\_\_\_\_ USED US BEFORE \_\_\_\_\_ RECOMMENDED \_\_\_\_\_ OTHER \_\_\_\_\_