

ARCHITECTURAL SYSTEMS Please fill out the appropriate information and Fax to 877-679-7095.				
Name:			Date:	
Address:			Phone:	
Job Name:			PO#:	
Please Check the Ap	propriate Box.	Door Order	☐ Door	Quote
Please Circle Door(s) Requested. (View From Outside)				
		LEFT HAND SHOUN	LETTIMAG SICHAN	ROIT HAND SHOWN
Please Fill in the Appropriate Information.				
Quantity:				
Door Opening:	Width H	leight		
Finished Frame Size: Width Height				
Door Stile:	☐ Narrow	☐ Medium	☐ Wide	
Frame Type:	☐ 450	☐ 451	☐ 451T	Other
Midrail:	☐ 4"	☐ 6"	□ 8"	Other
Bottom Rail:	☐ 6"	□ 8"	□ 10"	Other
Glass Thickness:	<u> 1/4"</u>	□ 1"		
Door Color:	☐ Clear Anodized	☐ Bronze Anodized	☐ White Kynar	Other
Hinge:	☐ Butt-1 Pair	☐ Intermediate	☐ Continuous	
Pivot:	☐ Offset	☐ Center Hung	☐ Intermediate	
Lock:	☐ MS	Latch Lock w/lever	Latch Lock w/paddle	
	☐ Install Thumbturn	Other		
Pull:	☐ Push/Pull 8" STD	☐ Pull/Pull	☐ Push/Push	Other
Exit Device:	☐ Rim Panic	☐ Electric Device	☐ Concealed Vertical Rod	Other
Strike:	☐ Electric (Latch Lock)	☐ Latch Lock	☐ Electric (Rim Panic)	
Closer:	☐ Surface Mounted	☐ Concealed		
Threshold:	<u> </u>	☐ 5"	□ 7"	
Sweeps:		Miscellaneous:		
				*All orders must be signed and dated

Signature_____ Date:____