

Made to measure order form Screen order form – part 1

Photocopy this page and send us your request.

Company details : _____ Date : _____

Requested by : _____ Order No : _____

Please tick the boxes for your requirements

Is this screen for a wet floor? i.e. Tuff Form®?

Is this screen for a shower tray? Name of tray : _____

If the tray is not an AKW tray then you will need to provide dimensions of your tray on your drawing.

Height of screen set : 750 900 1880 Other*

*Maximum Height is 1880mm

Width / size of screen required : _____

If cubicle is to go under a window ledge please give height of ledge: _____

Mixing AKW and other manufacturers' products to create an enclosure will invalidate your warranty.

Curtain rail : Straight L rail U rail Size : _____

Curtains (drop): 1400 1800 (standard) 1900 200

2100 2135 2400

Heavy duty curtains (drop): 1800 2000

Other requirements

Curve corner radius blocks Extra wide compensators

Post extensions : Post / ceiling Post / wall

Handles latches : White Blue

Ramps : 18mm high 38mm high Straight Left Hand Right Hand

Failure to supply us with the relevant details at time of order may cause a delay in your order being made.

Complete this form and return it to : **AKW, Pointon Way, Hampton Lovett, Droitwich Spa, WR9 0LR**
Fax : **01905 823297** Email : **sales@akw-ltd.co.uk**

Please note: All made to measures have a minimum lead time of 5 working days.



Made to measure order form Screen order form – part 2

Photocopy this page and send us your request.

Detailed drawing

Declaration

I, the customer confirm that I have checked all of the above details and agree that the information provided on this form is correct. I confirm that I would like to proceed within the manufacturing of this screen. I accept responsibility for the payment if I have given any wrong information. I am aware that made to measure screens are non-refundable and non-returnable.

Signed : _____ Print name : _____ Date : _____

Office use only

Option : _____ Authorised for processing : _____ Date : _____

Option : _____ Authorised for processing : _____ Date : _____

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