



TRUCK/CABINET ORDER FORM

Customer: _____
 Phone: _____
 Fax: _____
 Contact Name: _____
 Address: _____

P.O. Box 420,
 295 Commerce Way,
 Upper Sandusky, OH, 43351
 Phone: (419) 294-3373 Fax: (419) 294-3329
 Shutter Order Form

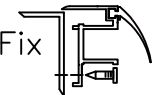
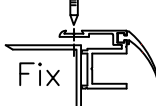

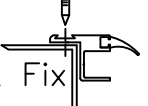


Slat profiles:

2EA UNSEALED
 2EA SEALED
 2EB BOX SEALED

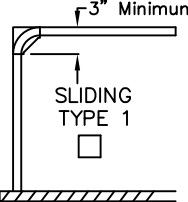
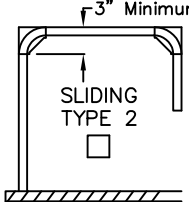
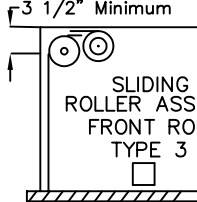
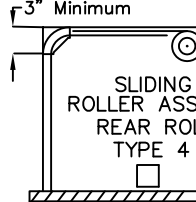
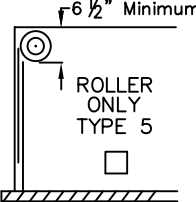
NYLOY30

1EA MINI
 1 1/2" CLEARVISION

Select one of the following guide mounting options:

<p>To be used with 2EA-2EB Doors</p> <p><input type="checkbox"/> Side Fix </p> <p><input type="checkbox"/> Front Fix </p>	<p>To be used with NYLOY30 Doors</p> <p><input type="checkbox"/> Side Fix </p> <p><input type="checkbox"/> Front Fix </p>	<p>To be used with Non-Sealed Doors</p> <p><input type="checkbox"/> Standard "U" </p> <p><input type="checkbox"/> Small Std "U" </p>
---	---	--

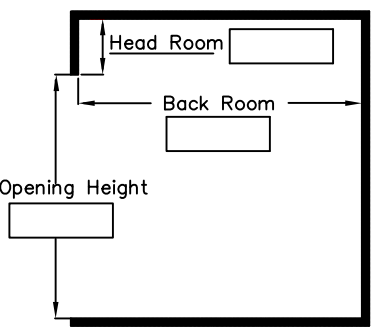
SHUTTER TYPE REQUIRED: Select one of the following shutter set ups

<p>3" Minimum</p>  <p>SLIDING TYPE 1</p>	<p>3" Minimum</p>  <p>SLIDING TYPE 2</p>	<p>3 1/2" Minimum</p>  <p>SLIDING ROLLER ASSISTED FRONT ROLL TYPE 3</p>	<p>3" Minimum</p>  <p>SLIDING ROLLER ASSISTED REAR ROLL TYPE 4</p>	<p>6 1/2" Minimum</p>  <p>ROLLER ONLY TYPE 5</p>
--	---	--	--	---

Note: Please consult DOVER ROLLER SHUTTERS for exact Head Room requirements for your Aluminum Shutters.

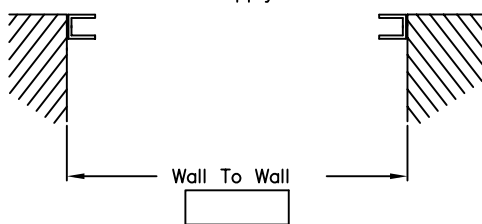
OPENING DETAILS:

SIDE VIEW

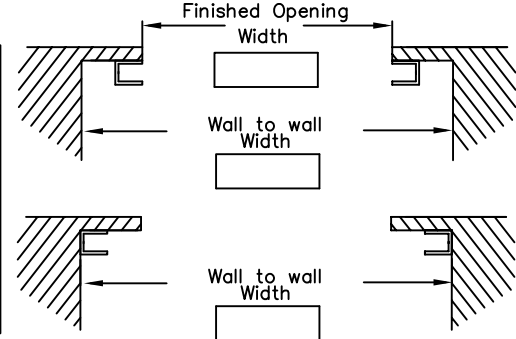


ADD DIMENSIONS TO ONE OF THE FOLLOWING VIEWS

For Wall to Wall Installation, Please supply the.....



For Behind Wall Installation, Please supply the.....



Note: Actual guide tracks may differ to those shown above. Guide track style is dependent on shutter profile selected.

OPTIONS AND EXTRAS:

<input type="checkbox"/> Gutter Rail w/Seal	<input type="checkbox"/> Sill Plate	<input type="checkbox"/> LED Lighting (Two Per Compartment)	<input type="checkbox"/> Pull Strap _____ Length
<input type="checkbox"/> Head Seal - no gutter	<input type="checkbox"/> Door Ajar Switch		<input type="checkbox"/> Chrome Lift Handle _____ Qty.

LOCK TYPE REQUIRED:

<input type="checkbox"/> Tee handle - non locking	<input type="checkbox"/> Paddle Handle - locking	<input type="checkbox"/> Bar Lock	<input type="checkbox"/> Flush lock cylinder only (Two Keys Included)
<input type="checkbox"/> Tee Handle - locking	<input type="checkbox"/> Paddle Handle -non locking	<input type="checkbox"/> Bar lock w/flush lock	

FINISHES REQUIRED: SATIN ANODIZED POWDER COAT COLOR _____

SHIP VIA: _____ Qty: _____
 Mark Box(es): _____ P.O.#: _____
 Price: _____