



FLOOD BARRIER ENQUIRY FORM

P1/.....

FIRST NAME:	SURNAME:
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COMPANY NAME (if applicable)

SITE ADDRESS:	OFFICE/HOME ADDRESS:

TELEPHONE:	EMAIL:
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WHICH PRODUCT ARE YOU ENQUIRING ABOUT?

<input type="checkbox"/> AquaShield Gate	<input type="checkbox"/> AquaShield Door 200mm High Panels	<input type="checkbox"/> AquaShield Wall 400mm High Panels
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SPECIFICATION

HEIGHT (mm) _____ ACTUAL OPENING WIDTH (mm) _____

RH REVEAL FIX (deduct 12mm) _____ RH SURFACE FIX (add 100mm) _____

LH REVEAL FIX (deduct 12mm) _____ LH SURFACE FIX (add 100mm) _____

GROUND STRIP (tick box if required)

POWDER COATING POSTS _____

POWDER COATING PANELS _____

COLOUR REQUIRED _____

RAL CODE (if known) _____

SECURITY FITTINGS _____

SUPPLY ONLY _____

SUPPLY AND FIT _____

SPECIAL FIXTURES/ REQUIREMENTS

HAS AN IMAGE BEEN TAKEN OF THE AREA REQUIRING A FLOOD BARRIER YES NO

PAYMENT METHOD CARD CASH ACCOUNT CHEQUE

REQUIRED INSTALLATION DATE (TBC)

DEPOSIT (25%) TAKEN

Thank you for the information. Your enquiry will be quoted and this confirmed by email or telephone.