

Take-Off Form



Date:

Ordered By:

Company:

Address:

City/State:

Zip/Postal Code:

Phone:

Fax:

Contact Name:

Bid Date Due:

Email:

Curtition
 535 Wall Street
 Darien, WI
 53114
 Phone: 262-882-1233
 Fax: 262-882-8888
 www.curtition.com

Internal Use Only

Order Completed:	<input type="text"/>
Initials/Date:	<input type="text"/>

Contact Method Fax Quote Email Quote

Job Name:

Job Location:

Architect: City/State:

Source of Project:
 (check all that apply)

Construction Reports Negotiated Curtition Provided Lead Distributor Influenced Spec

Model:

VL-2 (STC 35)
 VL-6 (STC 38)
 VL-8 (STC 40)
 MK-X (sight only)
 MK-XX (sight only)

Size: Please enter measurements in feet and inches.

Wall A (width)	<input type="text"/>	X	Height	<input type="text"/>	# of Walls	<input type="text"/>	<input type="checkbox"/> Single	<input type="checkbox"/> Pair
Wall B (width)	<input type="text"/>	X	Height	<input type="text"/>	# of Walls	<input type="text"/>	<input type="checkbox"/> Single	<input type="checkbox"/> Pair
Wall C (width)	<input type="text"/>	X	Height	<input type="text"/>	# of Walls	<input type="text"/>	<input type="checkbox"/> Single	<input type="checkbox"/> Pair
Wall D (width)	<input type="text"/>	X	Height	<input type="text"/>	# of Walls	<input type="text"/>	<input type="checkbox"/> Single	<input type="checkbox"/> Pair
Wall E (width)	<input type="text"/>	X	Height	<input type="text"/>	# of Walls	<input type="text"/>	<input type="checkbox"/> Single	<input type="checkbox"/> Pair

(Finished floor to finished ceiling and finished wall to finished wall)

Covering:

Vinyl Carpet

Track:

Concealed Exposed

Pocket:

Yes No

If yes, provide width of door from face of the pocket to wall. If pair, provide size from face of pocket to face of pocket

For the professional finish, matching material available to cover pocket wall. Provide size for pricing.

Ceiling Guard:

Yes No

Sub Channel:

Yes No

Accessories:

<input type="checkbox"/> Sliding Jam	<input type="checkbox"/> Radius Construction Sketch Needed	<input type="checkbox"/> Conversion Latch	<input type="checkbox"/> Switch 2-Way/Right
<input type="checkbox"/> Push Pull Rods	<input type="checkbox"/> Switch 2-Way/Left	<input type="checkbox"/> Extra Track	<input type="checkbox"/> Floating Post 2-Way
<input type="checkbox"/> Tie Backs	<input type="checkbox"/> Floating Post 3-Way	<input type="checkbox"/> Foot Bolts	<input type="checkbox"/> Floating Post 4-Way
<input type="checkbox"/> Key Locks One Side	<input type="checkbox"/> Key Locks Two Side	<input type="checkbox"/> Master Cylinder	

Special Instructions	
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