

Take-Off Form



Date:

Ordered By:

Company:

Address:

City/State:

Zip/Postal Code:

Phone:

Fax:

Contact Name:

Bid Date Due:

Email:

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

Request for Shop Drawing: Yes No

Model:

VL-2 (STC 35)

VL-6 (STC 38)

VL-8 (STC 40)

MK-X (sight only)

MK-XX (sight only)

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www.curtition.com

Internal Use Only

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

Size:

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

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

Bi-Parting: Single accordion that parts in the middle

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

Print Form

You must have the latest version of
 Adobe to use this form.
 Go to www.adobe.com