

Inquiry Order

Company stamp / address:

Contact person: _____

Telephone: _____

Quotation No.: _____

Commission: _____

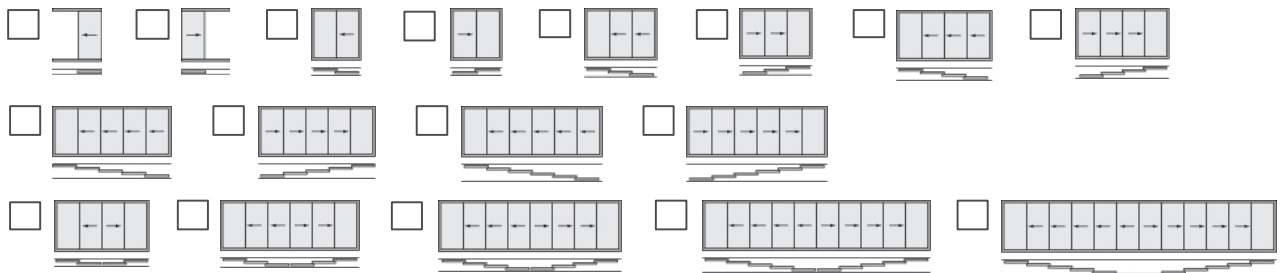
Number of systems: _____ Corner angles 90°: _____ pieces Number of panels: _____

Dimensions: Width: _____ (total unfolding) Height: _____ (incl. possible floor recession)

Colour: RAL _____ E6-EV1 DB703 DB703FS Special colour: _____
 Pre anodizing

Glazing: 8 mm toughened glass, clear with Heat-Soak-Test 10 mm toughened glass, clear with Heat-Soak-Test Special glass: _____

Type: (Attention: Inside view, other panel partitions available (max. of 6 panels in one direction possible))

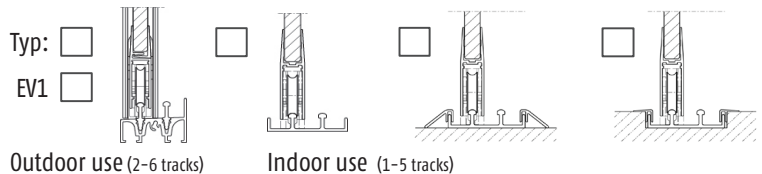


Bottom rail: with optimally shortened running edges (Standard) with continuous running edges

Mounting profile (E6-EV1): without with (only pos. with att. bottom rail, height incl. mounting profile) in system color

Rail extension:

right length L _____ mm
 left length L _____ mm



Lateral wall connection: without Lateral frame Brush gaskets at the panel

Gap gaskets: Alu E6-EV1 Alu System colour PVC transparent

Handle left:



Locking left:



Locking center:



with Key lock Fix lock

Handle right:



Locking right:



Locking center:



with Key lock Fix lock

Height of knob = _____ (indicate knob height from lower edge of panel profile)

Please enclose floor plan resp. view sketch and remarks (please use inside view)