

REPLACEMENT PARTS ORDER FORM

New P.O.#_	Ordered By:	Date
Customer	Location/Branch #	
Original P.O. #	Job Name	
Original Sales Order #	Line(s) #	
Window ID#	Date of original	
Detailed explanation of problem:		
Detailed explanation of problem.		
Describe replacement part(s) needed: (be specific)		
QTY: COLOR:		FULL
	GLASS SCREEN. HALF_	FULL
GRID:		
Exact Window Size (W X H) Ca Ca Ca Ca Ca	Double/Single Hung	g 2-Lite Slider
Exact Glass Size (W X H)	Glass Thickness 3/4"	7/8"
**Exact Sash Size (W X H)Outside Looking in LeftOutside L	Top Bottom _ Looking in Right Center	
Exact Screen Size (W X H)	Half Screen	Full Screen
	If special grid is needed please draw p	pattern in space below.
**SEE BACK OF FORM FOR		
MORE INFORMATION		