

NABCO Entrances - All Glass Slide Door - ORDER FORM

N1 Rev 2020

Quote: _____ Page: _____ of _____
 Company: _____ Distributor #: _____ Door #: _____
 Date: _____ Job Name: _____
 PO #: _____ Contact: _____
 Drop Ship to: _____ Request Ship Date: _____
 Ship Method: _____ Date to Ship: _____

Notes:

Type of Unit: _____
 _____ Quantity GT1175 - drawing # _____

Accessories:
 _____ Angled spacer for Acusensor M
 _____ Add Acusensor(s) for Sidelite Protection

Fixed Sidelite

Frame Size (in inches):
 _____ Width
 _____ Clear Door Opening Width
 _____ Header Height (Std = 91-1/2")
 _____ Transom Height from FF
 _____ Number of Verticals in Transom
 _____ Extended sidelite (in feet)

Finish: _____ Color: _____
 _____ Additional Holding Beams

Transom Glass Thickness:

Threshold:

Jamb Tubes:

* NOTE: Height of threshold is included in total height from finished floor

Note 1: On surface applied units, indicate the desired location of rocker switches in Notes area at top of this form.