



693 Atkins Avenue
Brooklyn, NY 11208



Tel 718-272-4444
Fax 718-272-4023

DOOR QUESTIONNAIRE

Date _____

Company	_____
Contact	_____
Address	_____

Tel	_____
Fax	_____
Email	_____

- How many doors do you need? _____
- What will you be using the door(s) on? _____
- What is the opening size? _____
- Would you like the door to be see-through (ventilation when closed) or solid?

SOLID

- Non-Insulated
 Insulated

SEE-THROUGH

- Grille
 Euro Style Mesh
 Closed Mesh

- Window
 Perforated

- How would you like to operate this door?
 Manual/Push-Up Manual/Chain Motorized

- How many cycles per day? _____

- Installation by: You RSI

- How will the door(s) be shipped?

- You will pick up Ship to:

- Door(s) needed by: _____

- Referred by: _____