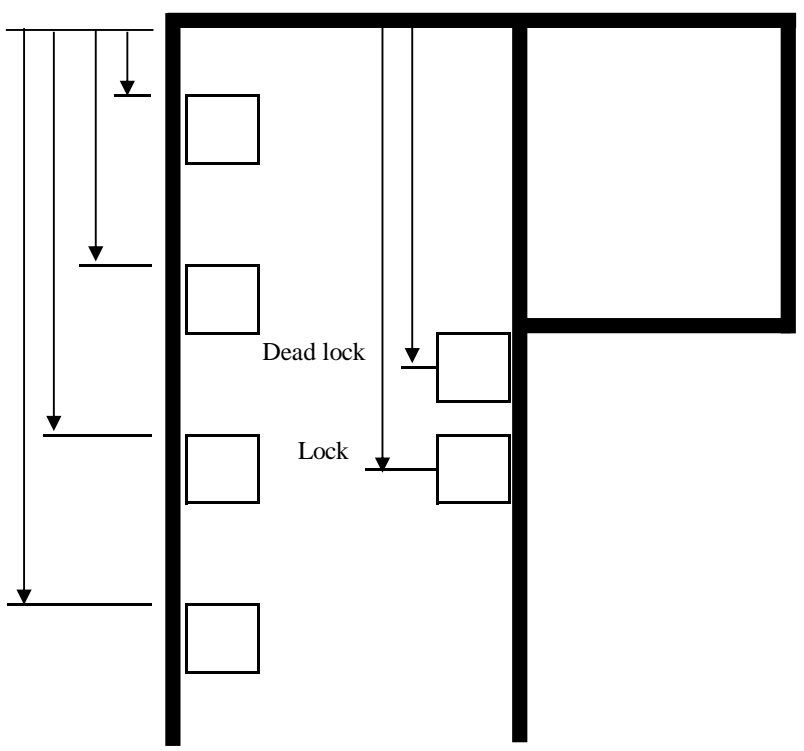
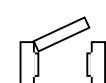
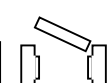




PHONE: 920-233-6161 - FAX: 800-782-1281 - EMAIL: orders@oshkoshdoor.com

Customer Name: _____
 Customer PO #: _____ ODC Quote #: _____

Hinges / Pivots <input type="checkbox"/> None or full surface <input type="checkbox"/> Mortise continuous Hinge size: _____ Hinge depth: _____ Template No.: _____	Lock or Exit Device <input type="checkbox"/> None or surface "exit only" MFG or Type: _____ Template No.: _____ Strike size: _____	Dead Lock MFG or Type: _____ Template No.: _____ Strike size: _____	Anchoring Options <input type="checkbox"/> Standard Sill anchor only <input type="checkbox"/> Optional existing masonry prep with cap <input type="checkbox"/> Optional punch and dimple with pipe sleeve <p style="font-size: small;">All bolts, wire, stud or "T" strap anchors are by others</p>																																																				
Construction <input type="checkbox"/> Standard knock down <input type="checkbox"/> Optional chemically welded If unequal pair give door widths: _____	Finish <input type="checkbox"/> Single opening <input type="checkbox"/> Paired opening _____	Finish <input type="checkbox"/> Primed <input type="checkbox"/> Misty white <input type="checkbox"/> Café Cream <input type="checkbox"/> Vintage gray <input type="checkbox"/> Dark brown <input type="checkbox"/> Custom match	Jamb Depth <input type="checkbox"/> Standard 5 3/4" w/ 4 3/4" throat Special Throat Size _____																																																				
Hinge and Lock locations <input type="checkbox"/> Check for Cor-Guard standard locations Measurement from underside of head bar to the _____ top of the hinge and the center line of strike preps 			Window opening Width: _____ Height: _____ <input type="checkbox"/> with glass stop <input type="checkbox"/> with FRP panel <input type="checkbox"/> open																																																				
Door Opening Width: _____ Height: _____			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Quantity</th> </tr> <tr> <th>R</th> <th>L</th> <th>R</th> <th>L</th> </tr> </thead> <tbody> <tr> <td>H</td> <td>H</td> <td>R</td> <td>R</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Quantity				R	L	R	L	H	H	R	R																																								
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Head Bar <input type="checkbox"/> Standard 2" <input type="checkbox"/> Optional 4"			TOTAL FRAMES THIS SHEET _____ HAND OF DOOR <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">LH </div> <div style="text-align: center;">RH </div> <div style="text-align: center;">RH REV </div> <div style="text-align: center;">LH REV </div> </div> <p style="text-align: center;">KEYED SIDE OF LOCK 03/2012</p>																																																				