



FLUSH MOUNT DOOR REPLACEMENT ORDER FORM
(Fits w/in Opening – Flush w/Body Side)

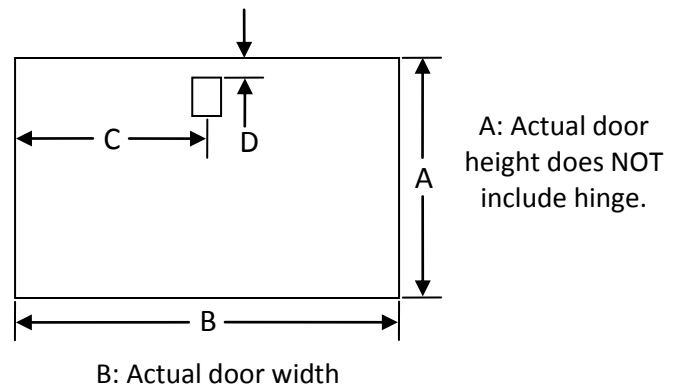
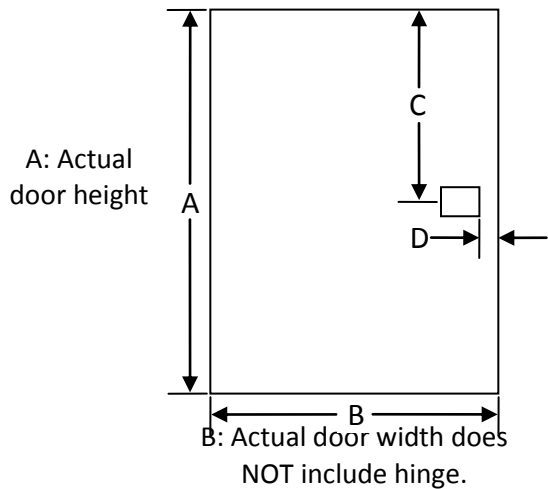
Phone: 317.773.2100 Fax: 317.773.1715

| | | | |
|-----------------------|--|-------------------|--|
| Customer/Name: | | Company: | |
| Address 1: | | Address 2: | |
| City: | | State: | |
| Zip Code: | | eMail: | |
| Phone #: | | Fax #: | |
| Purch. Order#: | | Serial #: | |

Please indicate:

VERTICAL FLUSH MOUNT DOOR

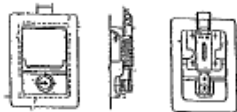
HORIZONTAL FLUSH MOUNT DOOR



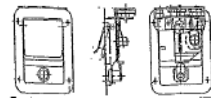
Dimensions:

| | | | | | | | |
|-----------|--|-----------|--|-----------|--|-----------|--|
| A: | | B: | | C: | | D: | |
|-----------|--|-----------|--|-----------|--|-----------|--|

| | |
|---------------|--|
| Depth: | |
|---------------|--|



Slam Type Paddle Latch



Rotary Type Paddle Latch

Type of Latch, If Required: _____

Additional Comments: _____
