

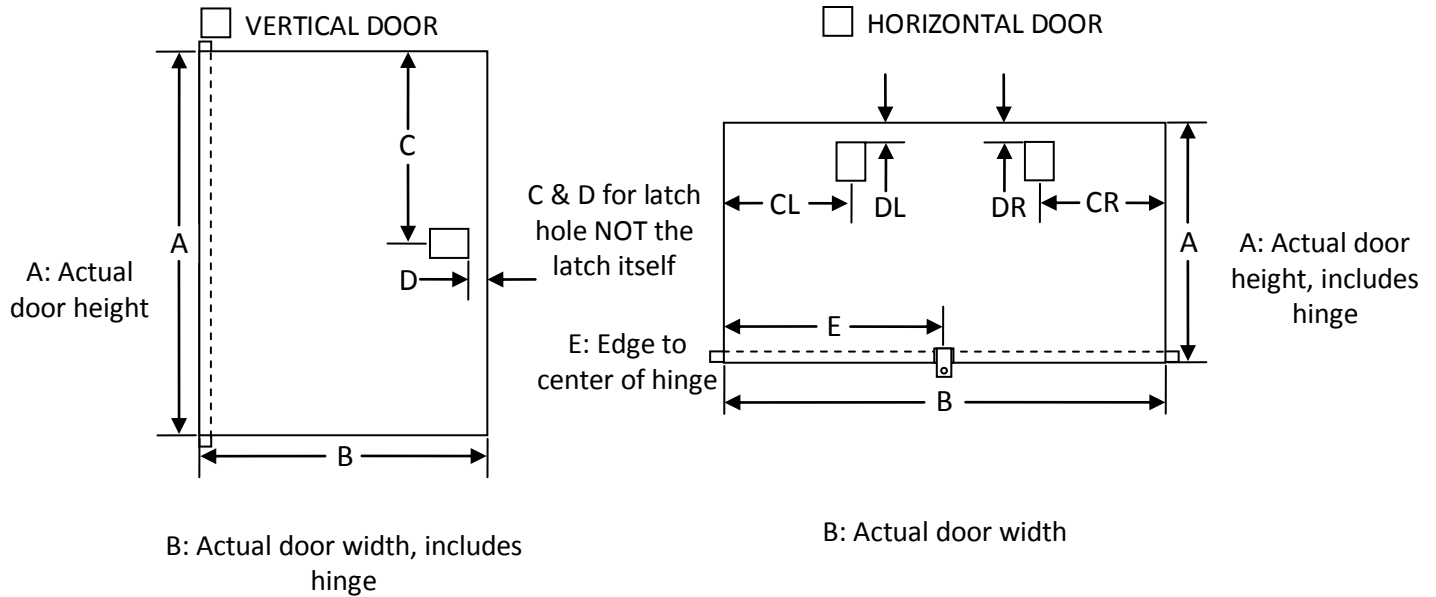


DOOR REPLACEMENT ORDER FORM (I – STYLE)

Phone: 317.773.2100 Fax: 317.773.1715

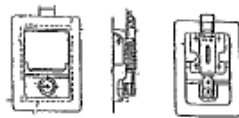
Customer/Name:		Company:	
Address 1:		Address 2:	
City:		State:	
Zip Code:		eMail:	
Phone #:		Fax #:	
Purch. Order#:		Serial #:	

Please indicate:

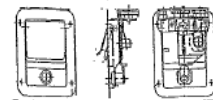


Dimensions:

A:		B:		CL:		DL:	
Depth:		E:		CR:		DR:	



Slam Type Paddle Latch



Rotary Type Paddle Latch

Type of Latch, If Required: _____

Additional Comments: _____

