REPLACEMENT PARTS ORDER FORM

PSC fax #: 1-877-562-2300

New P.O.#_____ Ordered By: _____ Date_____

Customer_____ Location/Branch #_____

Original P.O. #_____ **Job Name_____**

Original Sales Order # ___ ___ ___ ___ ___ ___ ___ ___ **Line(s) # _____**

Window ID# ___ ___ ___ ___ ___ ___ ___ ___ **Date of original_____**

Detailed explanation of problem:

_____

_____

_____

_____

Describe replacement part(s) needed: (be specific) _____

_____

_____

_____

QTY: _____ COLOR:_____ GLASS:_____ SCREEN: HALF_____ FULL_____

GRID: _____

Exact Window Size (W X H)_____Double/Single Hung____ 2-Lite Slider____
3-Lite Slider____ Picture Window____ Casement____ Awning____

Exact Glass Size (W X H) _____Glass Thickness 3/4"_____ 7/8"_____

****Exact Sash Size (W X H) _____ Top _____ Bottom _____**
Outside Looking in Left ____ Outside Looking in Right____ Center____

Exact Screen Size (W X H) _____ Half Screen_____ Full Screen_____

If special grid is needed please draw pattern in space below.

****SEE BACK OF FORM FOR MORE INFORMATION**