



CUSTOMER SURVEY FORM

Date

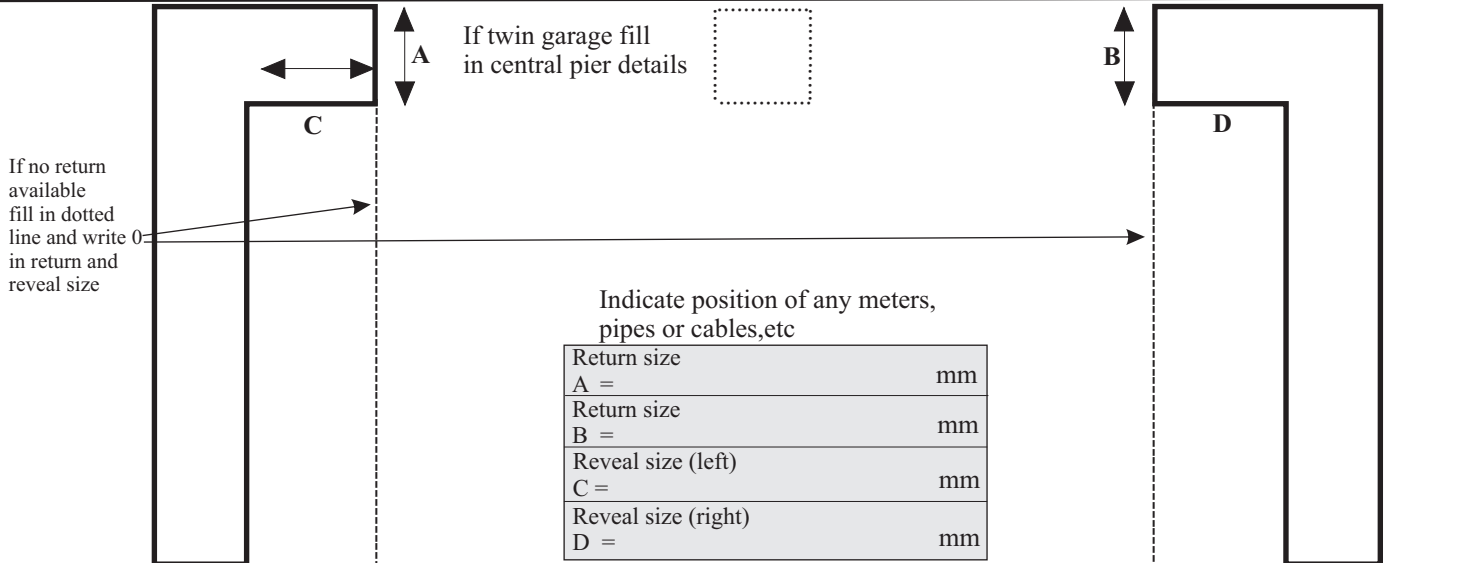
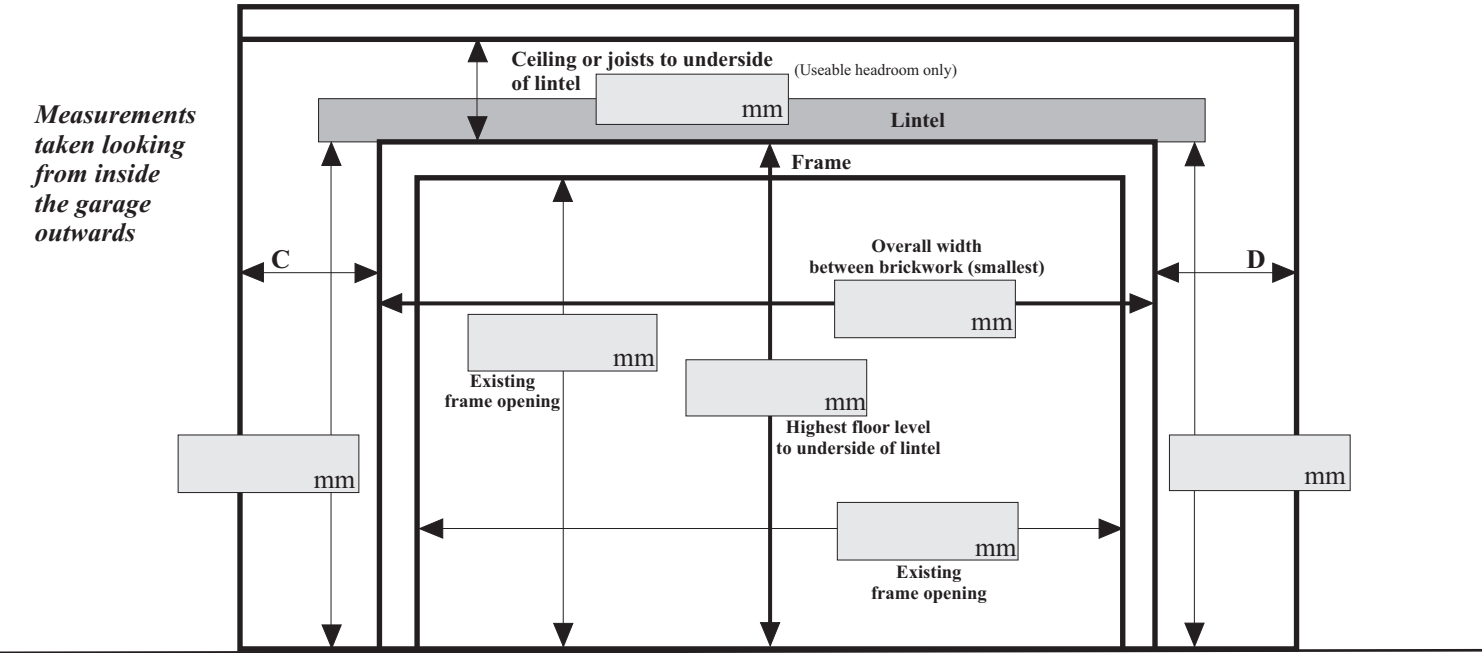
NAME\ADDRESS:

 Postcode:

 Email:

FREEPHONE HELPLINE:
(0800) 525442

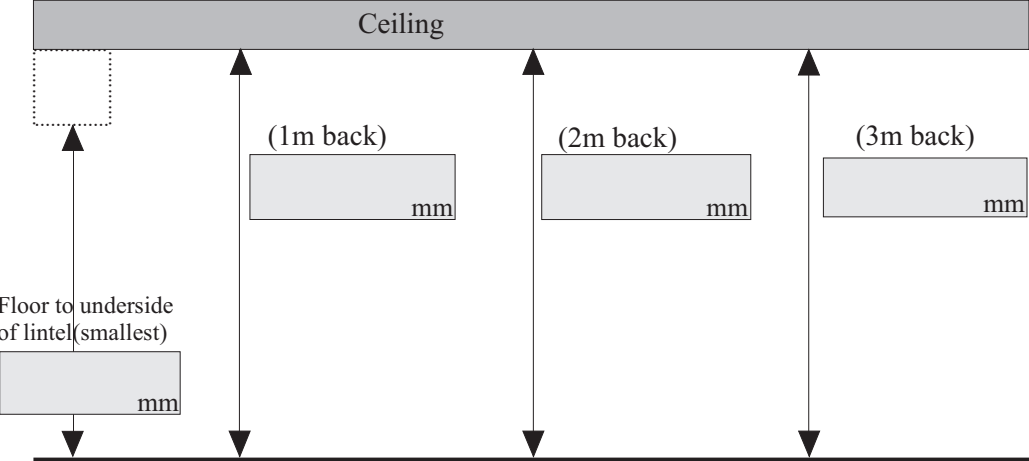
Home Tel: _____ Work Tel: _____ Mobile Tel: _____



Pedestrian door? YES \ NO (Indicate where) Lintel type Garage Construction

Is power available? YES \ NO (Indicate where) Is sub-frame reusable? YES \ NO Is floor level? YES \ NO

Preferred door type required:



FAXBACK NO:
(01933) 442676