



CUSTOMER SURVEY FORM

Date

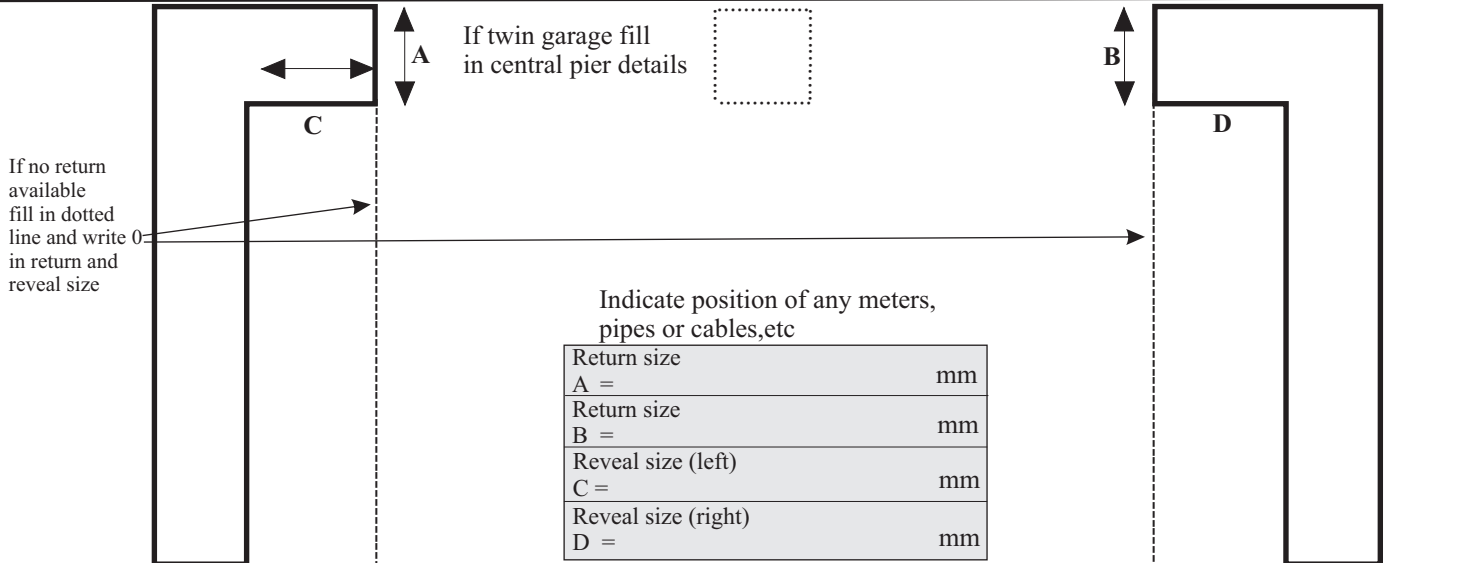
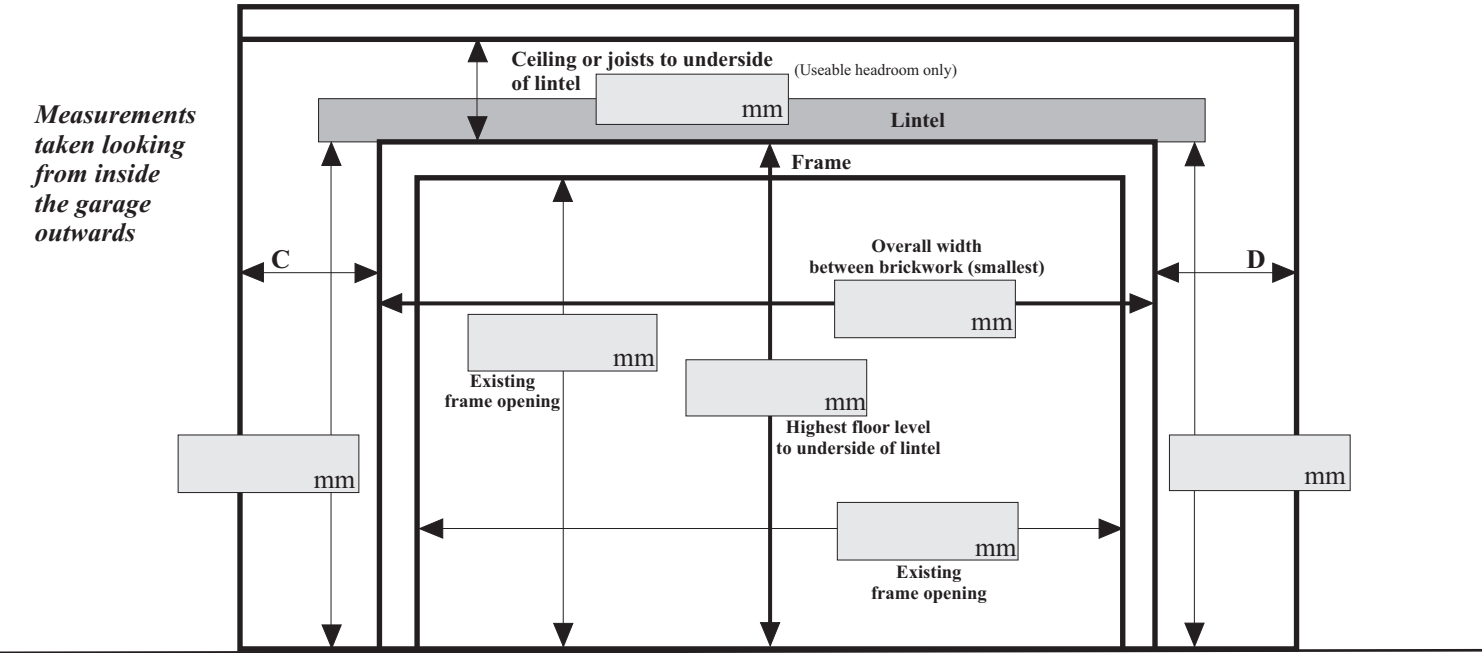
NAME\ADDRESS:

Postcode:

Email:

FREEPHONE HELPLINE:
(0800) 525442

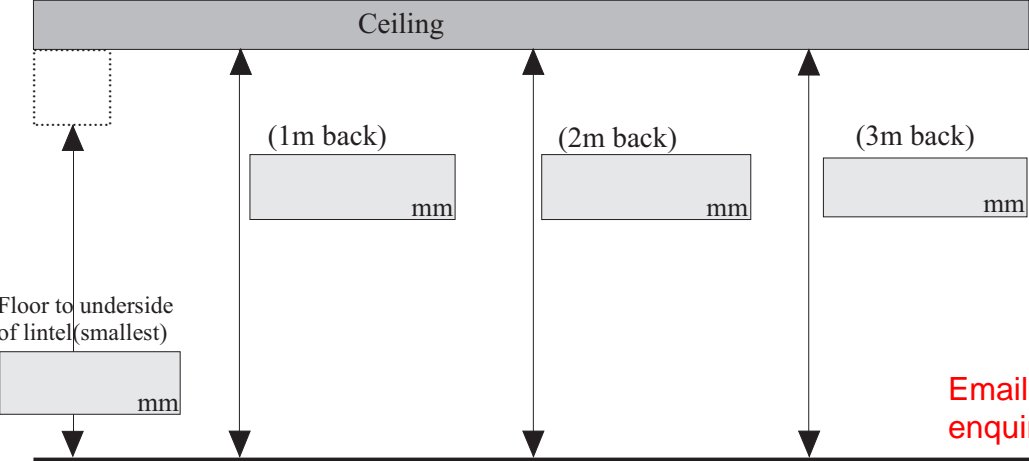
Home Tel: Work Tel: Mobile Tel:



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:



Email to: enquiries@thegaragedoorcentre.co.uk