Filon Products Limited UNIT 3 RING ROAD, ZONE 2 BURNTWOOD BUSINESS PARK

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BURNTWOOD, STAFFORDSHIRE, ENGLAND WS7 3JQ
Tel 01543 687300 Fax 01543 687303 CUSTOMER ORDER FORM FOR FACTORY

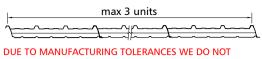
CUSTOMER ORDER FORM FOR FACTORY ASSEMBLED INSULATED ROOFLIGHTS (FAIRs)



CUT BACK

(IF REQUIRED)

FILON



RECOMMEND THAT MORE THAN THREE FAIRS ARE FITTED IN A CONTINUOUS RUN ACROSS THE ROOF WIDTH All prices include standard 50mm wide filler blocks, wider filler blocks are available at an additional cost. When calculating number of spans required, please consider that all units must have a filler block either

end of the unit (this acts as an end closure).

7 SPAN UNIT

TOP SHEET LENGTH

LINER LENGTH

Please note that we strongly advise against ordering units over 8500mm in length due to handling and logistical issues.

PLEASE NOTE THAT ALL FILON MK3 FAIRS TO SUIT COMPOSITE PANELS ARE FITTED WITH

*For information relating to expected non-fragility periods & Rooflight U values please refer to Filon Technical Data Sheets which are available from our Sales Office & website by visiting: www.filon.co.uk

METAL UNDERLAP STRIPS AS STANDARD

QTY REQ'D LEFT TO RIGHT LAY: FOR LEFT TO RIGHT LAY AS VIEWED FROM EAVES OTY REO'D RIGHT TO LEFT LAY:

COMPOSITE SYSTEM PROFILE:

PLEASE TICK REQUIRED NON-FRAGILITY

CUT BACK

LENGTH

BOX DEPTH

*TOP SHEET WEIGHT	
CE24E OUTER SHEET: (minimum weight) Class B to ACR[M]001 (up to 2m span) when new	
CEDR24E OUTER SHEET: Class B to ACR[M]001 (up to 2m span) for 25 years	
CE30E OUTER SHEET: Class B to ACR[M]001 (up to 2m span) for 25 years	
CEDR30E OUTER SHEET: Class B to ACR[M]001 (up to 2.5m span) for 25 years	
CE36E OUTER SHEET: Class B to ACR[M]001 (up to 2.5m span) for 25 years	
SupasafeE OUTER SHEET: Class B to ACR[M]001 for 30 years	

PLEASE TICK REQUIRED U VALUE

*U VALUE

DOUBLE SKIN - 3.0 W/m²K:

NOT PART L COMPLIANT

TRIPLE SKIN - STD CONFIGURATION - 1.9 W/m²K:

TRIPLE SKIN - 1.7 W/m²K:

TRIPLE SKIN - 1.3 W/m²K:

Please specify U Value req'd

W/m²K : D

SPECIAL INSTRUCTIONS:

TOTAL TOP SHEET METREAGE

TOTAL LINER

METREAGE

DATE:

NAME:

DELIVERY ADDRESS:

CUSTOMER NAME:

ORDER NO.: