

CASCADE ALUMINUM, INC

PHONE
(360) 253-2090

FAX
(360) 256-9133

Customer _____ Quote Date _____ Order Date _____ SHIP W/CALL _____

By / Name _____ Quote Amount _____ ACCT. C.O.D. _____

\$ _____ W.O. # _____

JOB NAME _____ P.O. # _____

BRONZE 1-3/4" 3PTS HL SO CLOSER _____

CLEAR 2" FLBTS HR SI _____ CALIBRE OHCC 105 90 HO NHO DORMA SAC DRP PLT P ARM

PAINTED _____ **HANDLES** _____ **PREP** _____

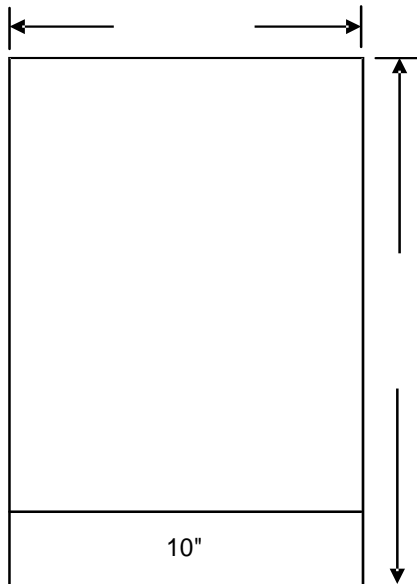
PANIC _____ **TRANSOM** _____ **SG. INS.** _____

CASCADE DOES NOT SUPPLY GLASS FOR TRANSOMS, SIDE LITES OR FRAMES

GLASS _____ **SG. INS. LOWE CLEAR BRONZE GREY OTHER** _____

C. PIVOT OSP BH _____ **SAC OHCC CONTINUOUS HINGE** _____

NARROW MEDIUM WIDE PKG. LEAF FRAME ONLY



CAREFULLY REVIEW AND SIGN _____ DATE / /

X _____

RECEIVED BY _____ DATE / /

X _____

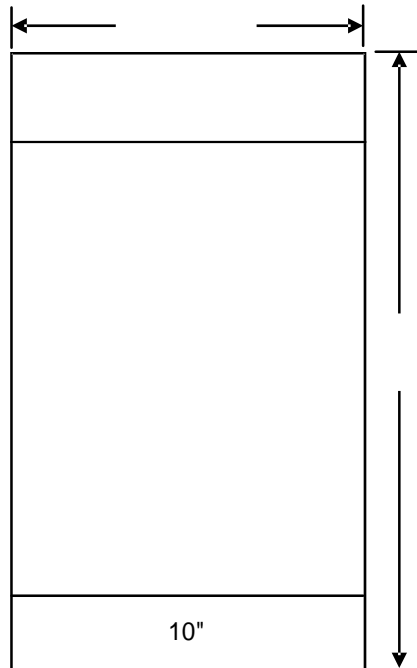
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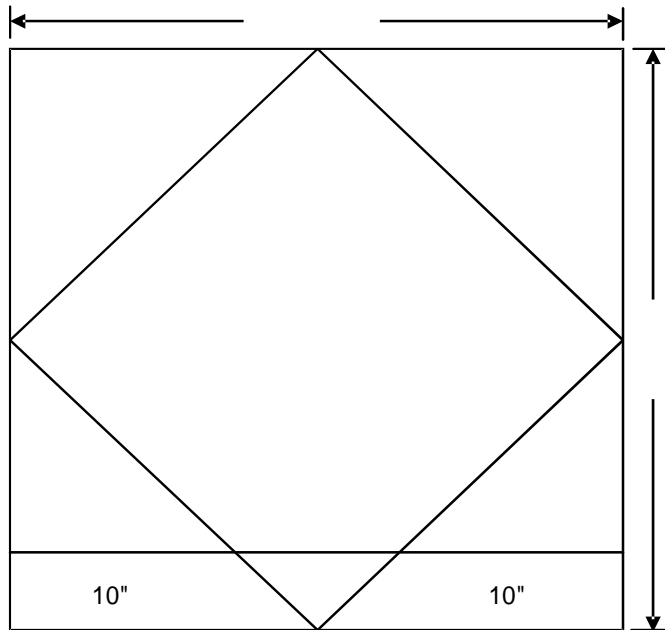
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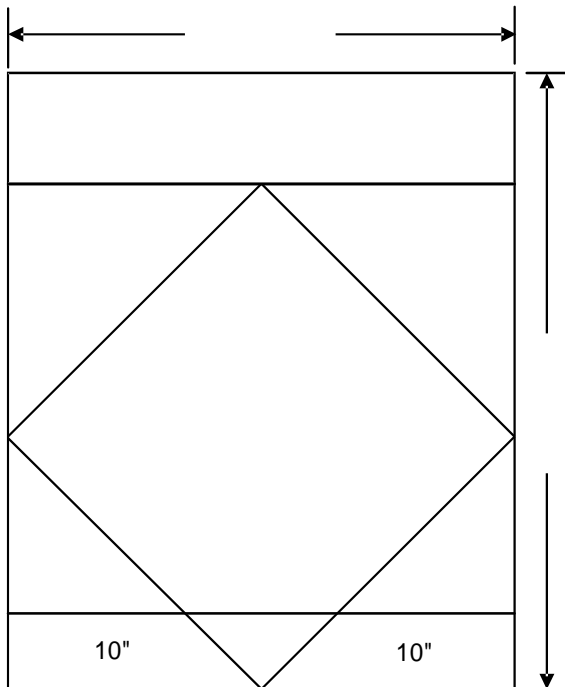
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