



MAXWELL®

MAXWELL ALARM SCREEN MFG., INC.

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MAXWELL INTERNAL USE ONLY

JOB #

ACCT #

Date: _____

Bill To: _____

Ship To: _____

Phone: _____ Fax: _____

Email Address: _____

Quote Request Only Order Request

P.O. #: _____

Job Name: _____

Notes & Comments: _____

	1. Measurements				2. Screens Mount			3. Spline* Faces			4. POSITION Viewed	
	Gross <input type="checkbox"/>		Net <input type="checkbox"/>		Inside <input type="checkbox"/>		Outside <input type="checkbox"/>	In <input type="checkbox"/>		Out <input type="checkbox"/>	Inside <input type="checkbox"/>	Outside <input type="checkbox"/>
	WIDTH		HEIGHT		Model	Frame Thickness	Frame Color	POSITIONS		Hdwre. O/I	Special Notes	
Top	Bottom	Left	Right	Lead				Tamper				
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

*To maximize protection, face Spline in.

IMPORTANT

ALL ORDERS WILL BE MANUFACTURED PER MEASUREMENTS AND SPECIFICATIONS PROVIDED BY YOU.

WE CANNOT BE RESPONSIBLE FOR ERRORS IN YOUR MEASUREMENTS AND INSTRUCTIONS.

PLEASE SIGN AND RETURN TO PREPARE YOUR QUOTE OR ORDER. WE WILL CONTACT YOU WITH ANY QUESTIONS AND TO VERIFY YOUR SPECIFICATIONS.

AUTHORIZED BY: _____ DATE: _____
Signature *Print Name*