

# Vinyl Replacement Window Order Form

**LANG EXTERIOR, INC.**  
2323 W. 59th Street, Chicago, IL 60636

Phones: (773) 737-4500 or (800) 737-4144  
Fax: (773) 737-1411 or (888) FAX-LANG

Dealer: \_\_\_\_\_ Ship To: \_\_\_\_\_ Date of Order: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_ P.O. No: \_\_\_\_\_  
 City: \_\_\_\_\_ City: \_\_\_\_\_ Customer Name: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Lang Salesperson: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_ for above customer.

ROUGH OPENING SIZE DEDUCTIONS see below  T.T.T.-EXACT SIZE AND NO DEDUCTIONS TAKEN person placing the order: \_\_\_\_\_

Requested Delivery Date: \_\_\_\_\_

Item	QTY	STYLE (series)	COLOR		SIZE ORDERED		1/4 1/2 1/4	1/3 1/3 1/3	CSMT HINGE SIDE	Screen Options (1/2 of full)	Glass Options	Additional Information, Grids, Etc.	United Inch Size	Unit Price	Total	
			EXT	INT	1ST	2ND										
					Width	Height										
a																
b																
c																
d																
e																
f																
g																
h																
i																
j																
k																
l																
m																
n																
o																

Total  
QTY

NOTE ADDITIONAL DRAWING OR COMMENTS ON BACK – IDENTIFY BY ITEM LETTER  
Example: grid pattern – if one is not specified we will use our own discretion

<b>SUBTOTAL</b>	
<b>SALES TAX</b>	
<b>TOTAL COST</b>	

Note: Fill in all applicable spaces.

For bay, bow, and garden windows; specify wall thickness, projection and birch, or oak seat and head.  
 For casement windows; list hinge arrangement (l,s,r) as viewed from inside looking out.  
 Please refer to catalog for rough opening deduction.  
 Head expanders & vinyl angle (unless otherwise specified) are sent with all windows, except bows, bays, & garden units.  
 All windows are custom manufactured, therefore orders cannot be changed or cancelled.  
 Customer is responsible for the accuracy of all orders.

PLEASE REVIEW ALL ABOVE PRICING  
If Correct, Approve by Signing Below

X \_\_\_\_\_  
Order will not be processed unless signed.

Title: \_\_\_\_\_ Date: \_\_\_\_\_