

# Take-Off Form



Date:

## Ordered By:

Company:   
 Address:   
 City/State:   
 Zip/Postal Code:   
 Phone:   
 Fax:   
 Contact Name:   
 Bid Date Due:   
 Email:

Curtitlon  
 535 Wall Street  
 Darien, WI

53114  
 Phone: 262-882-1233  
 Fax: 262-882-8888  
 www.curtitlon.com

## Internal Use Only

Order Completed:	<input type="text"/>
Initials/Date:	<input type="text"/>

Contact Method  Fax Quote  Email Quote

Job Name:   
 Job Location:   
 Architect:  City/State:

Source of Project:  
 (check all that apply)

Construction Reports  Negotiated  Curtitlon Provided Lead  Distributor Influenced Spec

Request for Shop Drawing:  Yes  No

**Model:**

VL-2 (STC 35)  
 VL-6 (STC 38)  
 VL-8 (STC 40)  
 MK-X (sight only)  
 MK-XX (sight only)

**Size:**

Wall A (width)	<input type="text"/>	X	Height	<input type="text"/>	# of Walls	<input type="text"/>	<input type="checkbox"/> Single	<input type="checkbox"/> Bi-Parting
Wall B (width)	<input type="text"/>	X	Height	<input type="text"/>	# of Walls	<input type="text"/>	<input type="checkbox"/> Single	<input type="checkbox"/> Bi-Parting
Wall C (width)	<input type="text"/>	X	Height	<input type="text"/>	# of Walls	<input type="text"/>	<input type="checkbox"/> Single	<input type="checkbox"/> Bi-Parting
Wall D (width)	<input type="text"/>	X	Height	<input type="text"/>	# of Walls	<input type="text"/>	<input type="checkbox"/> Single	<input type="checkbox"/> Bi-Parting
Wall E (width)	<input type="text"/>	X	Height	<input type="text"/>	# of Walls	<input type="text"/>	<input type="checkbox"/> Single	<input type="checkbox"/> Bi-Parting

(Finished floor to finished ceiling and finished wall to finished wall) Bi-Parting: Single accordion that parts in the middle

**Covering:** Vinyl     Carpet**Track:** Concealed     Exposed**Pocket:** Yes     No

If yes, provide width of door from face of the pocket to wall. If pair, provide size from face of pocket to face of pocket

For the professional finish, matching material available to cover pocket wall. Provide size for pricing.

**Ceiling Guard:** Yes     No**Sub Channel:** Yes     No**Accessories:**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Sliding Jam        | <input type="checkbox"/> Radius Construction<br>Sketch Needed | <input type="checkbox"/> Conversion Latch | <input type="checkbox"/> Switch 2-Way/Right  |
| <input type="checkbox"/> Push Pull Rods     | <input type="checkbox"/> Switch 2-Way/Left                    | <input type="checkbox"/> Extra Track      | <input type="checkbox"/> Floating Post 2-Way |
| <input type="checkbox"/> Tie Backs          | <input type="checkbox"/> Floating Post 3-Way                  | <input type="checkbox"/> Foot Bolts       | <input type="checkbox"/> Floating Post 4-Way |
| <input type="checkbox"/> Key Locks One Side | <input type="checkbox"/> Key Locks Two Side                   | <input type="checkbox"/> Master Cylinder  |  |

Special  
Instructions



You must have the latest version of  
Adobe to use this form.  
Go to [www.adobe.com](http://www.adobe.com)