

FAX TO: 800-443-6261

CUSTOM DOOR ORDER FORM (E)

■ Architectural Products ■ □ ORDER		FRAME ONLY		
Customer:		Date:	Job Name:	
P.O.#:	Requested Ship Date	CAP Quote #:	Ship Via:	Contact / Phone #:
Single Door Frame Opening			Double Door Frame Opening	
	5			
		B B		
	A		C —	→
A = No	minal Door Width	E =	Int. Hinge/Pivot	Location
B = No	minal Door Height	F =	Bottom Hinge/Pi	vot Location
C = No	minal Door Width	G =	Center of Strike	
D =To	o Hinge/Pivot Location	(w)	X (h) Siz	e of Strike

DRAWING #: _____ DATE: ____ CAPCDB06

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