

SPECIAL ANGLE INTERNAL CORNER/TRV (Sheet 1 of 2)

NAME:

JOB REF OR ORDER NO.:

COMPANY (if applicable):

SKIRTING PROFILE - 6"LT / **8"OG** / **5"PR**

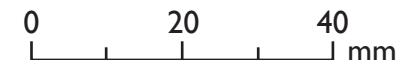
TELEPHONE NO.:

COLOUR:

E-MAIL ADDRESS:

SIGNED: **DATE:**

DO NOT SCALE DRG WHEN PRINTING

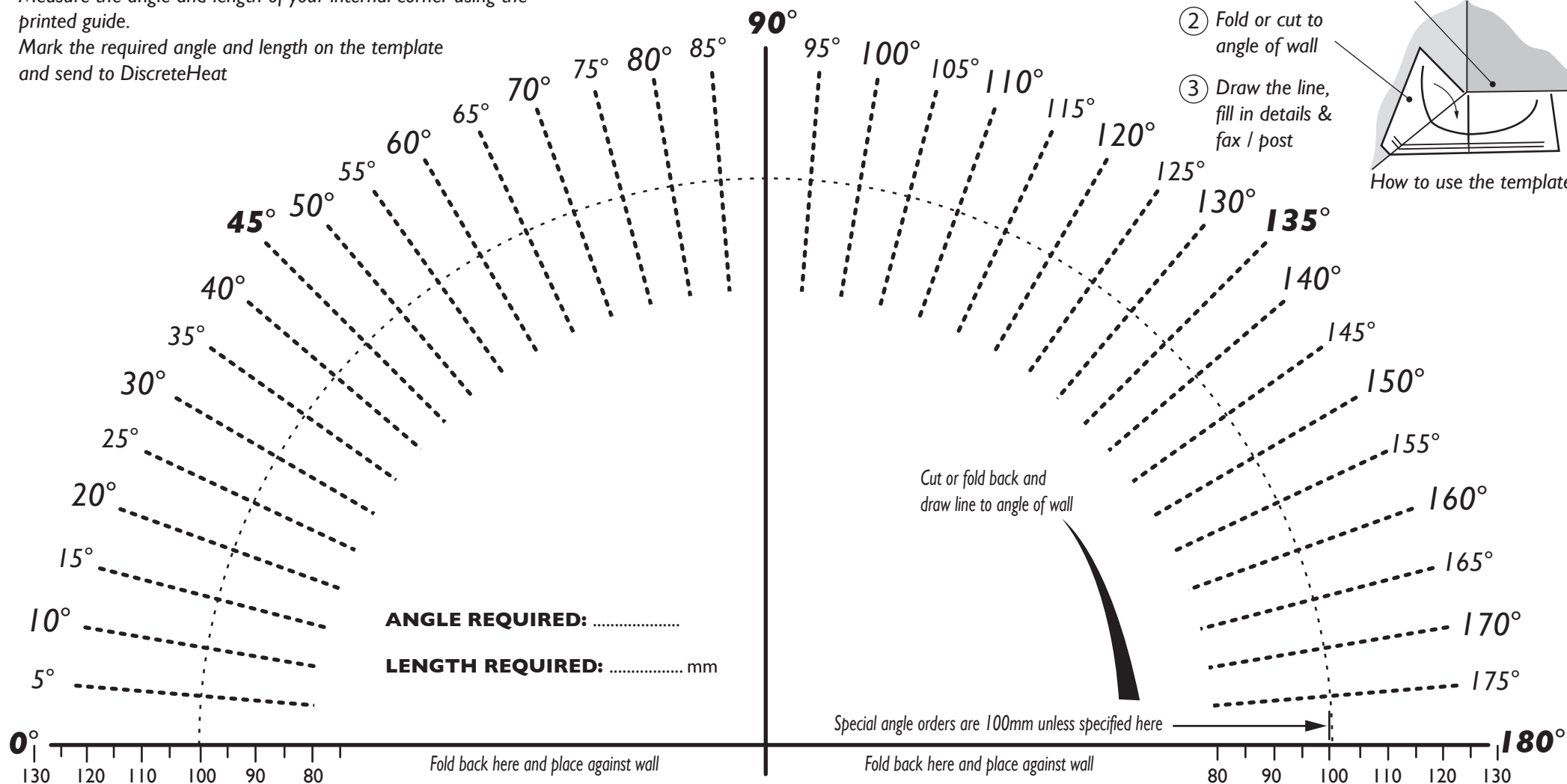
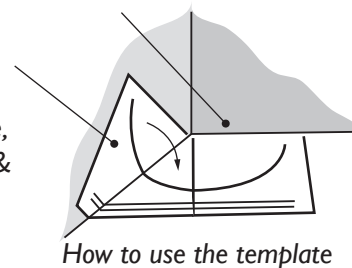


Measure the angle and length of your internal corner using the printed guide.
 Mark the required angle and length on the template and send to DiscreteHeat

① Fold along this edge and place against wall

② Fold or cut to angle of wall

③ Draw the line, fill in details & fax / post



TRV WINDOW REQUIRED? (Sheet 2 of 2)

Add additional information here

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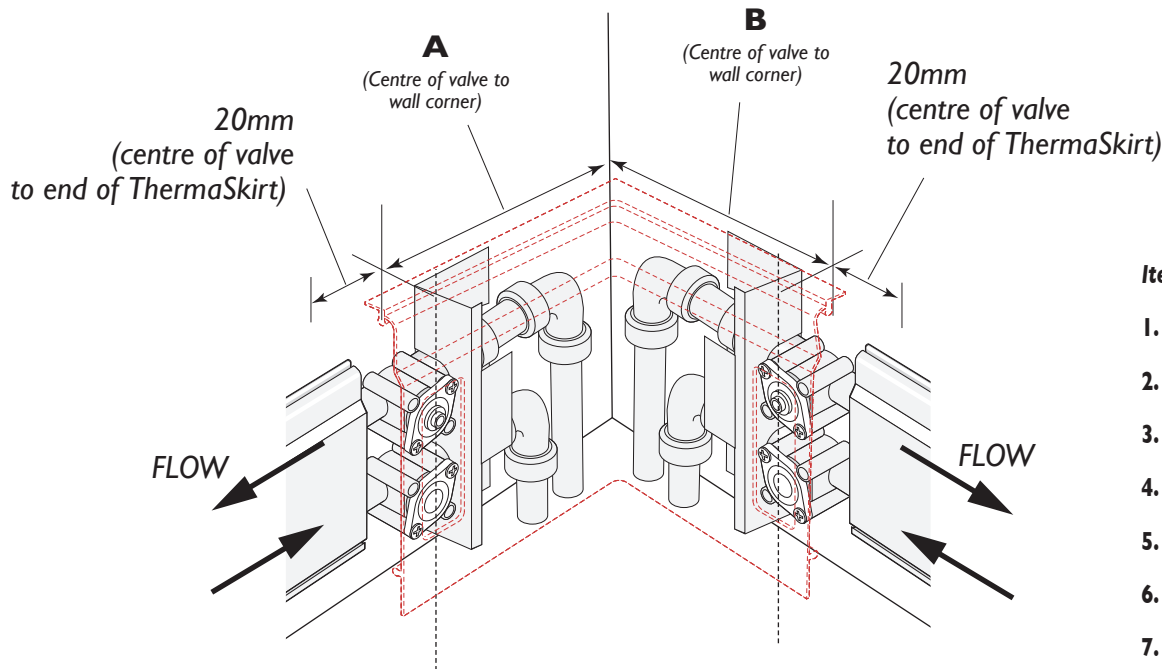
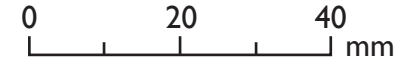
TELEPHONE NO.:

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Item	Ref	LENGTH REQUIRED:	A	TRV?	B	DOUBLE TRV?	Qty.	Closed?
1.	_____	LENGTH REQUIRED:	A	<input type="checkbox"/>	B	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	LENGTH REQUIRED:	A	<input type="checkbox"/>	B	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	LENGTH REQUIRED:	A	<input type="checkbox"/>	B	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	LENGTH REQUIRED:	A	<input type="checkbox"/>	B	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	LENGTH REQUIRED:	A	<input type="checkbox"/>	B	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	LENGTH REQUIRED:	A	<input type="checkbox"/>	B	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	LENGTH REQUIRED:	A	<input type="checkbox"/>	B	<input type="checkbox"/>	<input type="checkbox"/>
8.	_____	LENGTH REQUIRED:	A	<input type="checkbox"/>	B	<input type="checkbox"/>	<input type="checkbox"/>