M.B. Pre-Fab Framing Pty Ltd

P.O. Box 575, Geelong 3220 Telephone: 5223 2888 **Fax: 5221 7457**

 info@mbprefab.com.au

 **Quotation Acceptance Slip**

 **Please note:** In addition to the Quotation Acceptance Slip **non-account customers** will need to complete a Purchase Agreement and make **payment in full** for the quote to become an order.

**Account Name: MB Pre-Fab Framing P/L – Bank: Westpac – BSB: 033 275 – A/C No: 155176**

 Acceptance confirmed by: …………………………………………………………Company Name:…………………………………

 Job Address: ……………………………………………………………………………. Suburb: ………………………………………

ALL ORDERS

 Quote No: ………………………………………………………………………………….Melways Ref: ……………………………….

 Order for (tick box): Walls Longreach Trusses LVL Flooring Battens Fascia

 H2F Termite Treated Timber Others (Please list): ………………………………………………………………………..

 Design wind speed required (Ask Draftsperson or Building Surveyor): (N1 28 m/s) (N2 33 m/s) (N3 41 m/s)

 Pitches: .........................Overhang from outside plate: ......................Eave Width: ..................... Spacings: …………………..

 Roof Material: ....................................................................... Ceiling Material: …………………………………………………….

 Fascia – Metal / Timber (Please circle) If metal – overhang cut off length: …………………………………………………………

TRUSS ORDERS

 Heating/Air conditioning unit supported on roof trusses: Yes / No (Please circle)

 If yes – size, weight and location: ………………………………………………………………………………………………………..

 Wall Heights: ......................................................................................................Ceiling battens: Timber / Metal (Please circle)

 Garage step down measurement: ..................................... Does MB need to work to brick gauge? No / Yes: Gauge …………

WALL ORDERS

 Window Height Setup in line with doors? Yes / No External door height: ..................... Internal door height: …………………….

 Robe height: .................... Window Manufacturer: .............................................(*Please supply a copy of the window schedule)*

 Longreach Floor Trusses: Height: ........................................Centres: ...................................................Insitu Shower: Yes / No

LRFT

 Duct spacing for LRFT Yes / No If yes, where?

 Plans: ***Please tick one box only -*** Have you supplied the latest set of plans: Yes No

 Date on Latest Plans: \_\_/\_\_/\_\_ Date on Latest Engineering: \_\_/\_\_/\_\_\_

 *(****Please note we require the latest plans & engineering before detailing commences.)***

 Measurements: ***Please tick one box only -*** *Changes from plans supplied may incur an additional charge.*

 Site measure: As per plan Builder to confirm

ALL ORDERS

 ***MB checks measurements on site.***  ***Job not detailed until* *measurements confirmed by you.***

 Site Access: *(Please circle)* Narrow street / Steep slope / No yard (storage) / Gateway / Other:

 Overhead powerlines: Yes No Builder to hand unload No overhead power or over 6.4 m away

 ***(Minimum of 3 people required to unload truck)***

 Anticipated delivery dates required on site: ***(Please check lead times with reception staff prior to ordering)***

 Walls:………………..Upper Walls:………………Longreach:…………………Trusses:…………………Other:…........................

ALL ORDERS

 ***Please keep in contact with us with your progress.******All alterations and cancellations MUST be in writing and may incur a cost.***

Email address for Building Surveyor***: …………………………………………………………………………………………………………………………….***

 Purchasers Signature: ………………………………………………………………… Date: ………………………….....

 Mobile No: …………………………………………………………….Phone No: …………………………………………