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: …………………………………………