

# Energysaver Order Form

Email to [covsales@brettmartin.com](mailto:covsales@brettmartin.com) or fax to 024 7684 1950  
Please contact the Customer Care Team on 024 7660 2022 should you require assistance with completing this form.



Daylight Systems

Page ..... of ..... DATE: .....

CUSTOMER NAME: .....	ORDER NO.: .....
PROJECT REF: .....	DELIVERY DATE: .....
ORDER CONTACT: .....	SITE CONTACT NAME: .....
TEL.: .....	SITE CONTACT TEL NO.: .....
FAX.: .....	DELIVERY ADDRESS: .....
ADDRESS: .....	.....
.....	..... POSTCODE: .....
..... POSTCODE: .....	.....

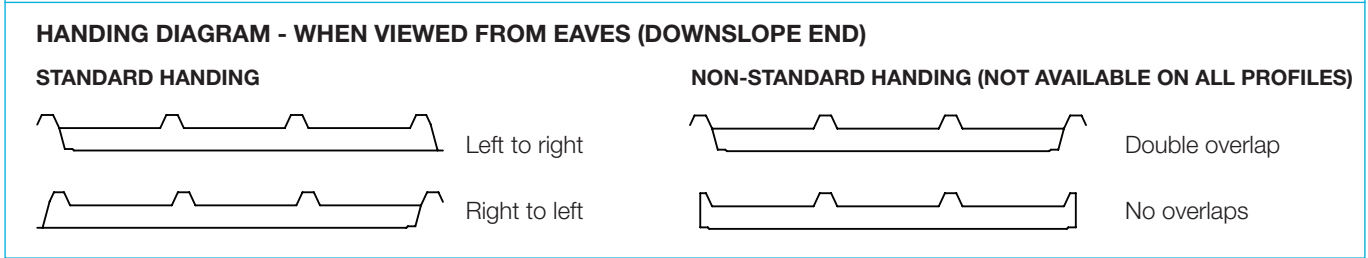
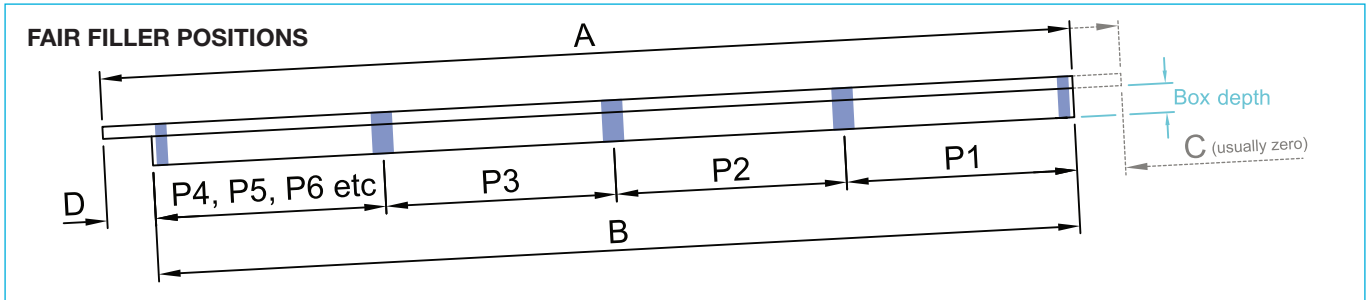
## ENERGYSAVER DETAILS

PROFILE  THICKNESS  mm  
(box depth)

TOTAL QUANTITY  m (linear metres)

<b>MATERIAL</b> (choose outer sheet weight) <b>GRP</b> <input type="checkbox"/> Trilite 2.4 <input type="checkbox"/> Trilite 3.0 <input type="checkbox"/> Trilite Ultra 36 <input type="checkbox"/> Trilite Ultra 45 <input type="checkbox"/> Safelight	<b>UV PROTECTION</b> <input type="checkbox"/> Standard (Superlife on Trilite Diamond on Safelight) <input type="checkbox"/> Diamond™ (extra charge on Trilite)	<b>INSULATION</b> <input type="checkbox"/> Standard Energysaver 1.9W/m²K <input type="checkbox"/> Low U value Energysaver 1.3W/m²K <input type="checkbox"/> Low U value Energysaver 1.0W/m²K <input type="checkbox"/> Low U value Energysaver 0.9W/m²K <input type="checkbox"/> Double skin FAIR 3.0W/m²K (Please note this does not meet the Part L requirement of 2.2W/m²K)
	<b>APPLICATION</b> <input type="checkbox"/> Roof <input type="checkbox"/> Wall (Please note u-value 1.9 is not available on this option)	

PLEASE SPECIFY ANY SPECIAL REQUIREMENTS (extra cost options)  
Including non-standard fire rating, mesh, special filler requirements, special packaging, pack and mark requirements etc.



PLEASE USE A SEPARATE COLUMN FOR EACH ADDITIONAL SIZE OR HANDING (use an additional product detail sheet if more columns are needed)

QUANTITY (mandatory)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>HANDING</b>						
Left to right	(Tick one box only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right to left		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double overlap		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No overlaps		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FILLER POSITIONS (mm)</b> (working from top of rooflight downwards) If unit is shorter than 2m, and no centre filler required (single span) enter liner tray length in P1. (mandatory)	Upslope	P1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		P2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		P3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		P4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		P5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		P6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		P7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Downslope	P8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Liner tray (box) length (P1+P2+P3...P8)	B		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Downslope lap (cut back) (optional)	D		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Upslope lap (usually zero) (optional)	C		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outer sheet (overall) length (B+C+D)	A		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Customer reference (optional)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total quantity (m)</b>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMAIL: COVSALES@BRETTMARTIN.COM or FAX BACK TO 024 7660 2745