

APPRAISAL FORM

'Ventilation' Corrugated Roofing Units

For Existing Homes or Renovations

SMARTPRODUCTS
buildingcentre.com



Complete this form and we will advise you of the Total Cost including packaging + freight.

For any questions that are not applicable, write N/A. Any questions Call 1300 884 876.

Please ensure your details are clear and correct, write in BLACK PEN and PRINT in CAPITALS, and then send to us.

Post

The Building Centre Network
Suite 209, 410 Elizabeth St
Surry Hills NSW 2010 Australia

Ready for use with a window faced envelope

Fax

1300 884 256
or
+61 2 8303 0533

Scan & Email

smartproducts@buildingcentre.com

Contact Details

Title: _____ First name: _____ Surname: _____

Phone (H): (_____) _____ Phone (W): (_____) _____

Mobile: _____ Email: _____

Address for Proposed Vent Products:

Address: _____ State: _____

Suburb: _____ Postcode: _____

Roof Type? (Corrugated or Colorbond) _____

Type of Roof Structure?

** PITCHED or GABLE ** SKILLION ** PYRAMIDAL ** Other _____

Type of Home?

** Single Level ** Two Storey ** Three Storey ** Split Level ** Top Floor Unit ** Town House

** Other Home type: _____

Single Level # of Bathrooms? _____ Two Stories or More: # of Bathrooms on Top level? _____

Is there a Kitchen on the Top Level? ** YES ** NO Include Garage? ** YES ** NO

Vent Units Powder Coated (Painted)? ** YES ** NO

Optional Bushfire Mesh (do you require stainless steel mesh fitted to the outlets- for bushfire prone areas)? ** YES ** NO

Date you require the Ventilation Roof Products by? _____

Other Information: _____

Please add me to your "Newsletter" - Ideas, News & Information.

If you have a copy of your house plans and or roof plans, please attach with this appraisal form to help us determine the necessary amount and positioning of these ventilation roof products.

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