

Ellipse Trim & Ex. Jambs



Date _____ Job Name _____

Co. Name _____ Contact _____

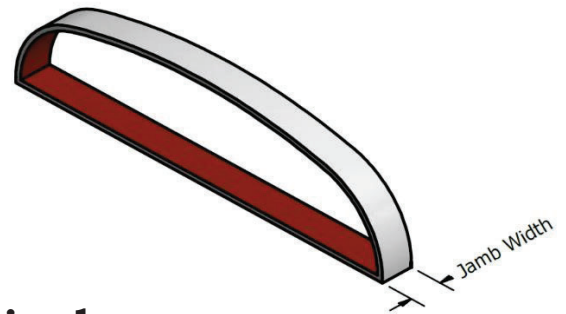
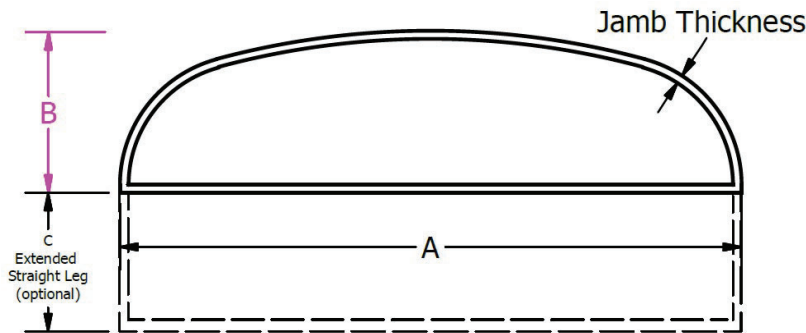
Phone _____ Fax _____

☐ Quote ☐ Purchase Order _____

424 S. Washington St. Suite B.
Kimberly, WI 54136
Phone: 920/788-9322
Fax: 920/788-3086
www.elipticon.com

Fill in A & B dimensions: A – base dimension, B – height of window.

Standard reveal 1/4" on all casings unless specified.



Template Required

Dimension reference

- ☐ Outside to outside
Jamb thickness _____
- ☐ Inside, jamb to jamb

A Dimension: _____

B Dimension: _____

C Extended leg length: _____
(additional charge)

Casing

Profile _____

Wood Species _____

Quantity _____

Extension Jamb

Thickness _____

Width _____

Quantity _____

☐ Rosette blocks needed (two for each casing)

☐ Straight moldings needed: length _____ quantity _____

length _____ quantity _____

length _____ quantity _____

Other notes: _____
