

FOR 8500/3500 SERIES WINDOWS MANUFACTURED JANUARY 1996 TO PRESENT

8500 SINGLE HUNG WELDED SASH AND TOP GLASS MEASURING INSTRUCTIONS

TO ORDER TOP FIXED GLASS PANEL:

Quantity: _____

Measure and give the actual glass vision area only.

For internal use only: Replacement glass will be made 1" larger than vision area in width and height.

Glass Vision Area Width - _____

Glass Vision Area Height - _____

Color: White • Almond • Bronze

Grid Pattern (Internal Muntin Bars) - (Draw Grid Pattern in Area Provided)

(Please circle style of Grid)

Standard 5/8" Flat

Optional 7/8" Flat

Optional 7/8" Sculptured

Optional Low E

Draw Grids Here

TO ORDER BOTTOM SASH OR BOTTOM GLASS:

Quantity: _____

Sash Width Measurement

(Measure top to lip side of sash)

Sash Height Measurement

(Please Exclude Tilt Latch)

MEASURE THE BOTTOM SASH AS PER THE INSTRUCTIONS.

Number of Locks: _____

Color: White • Almond • Bronze

Grid Pattern: (Internal Muntin Bars) -

(Draw Grid Pattern in Area Provided)

Draw Grids Here

(Please circle style of Grid)

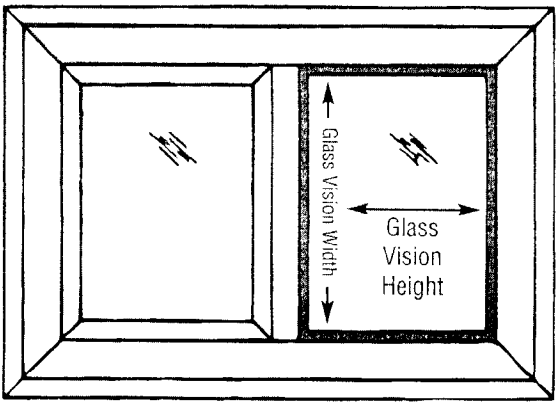
Standard 5/8" Flat

Optional 7/8" Flat

Optional 7/8" Sculptured

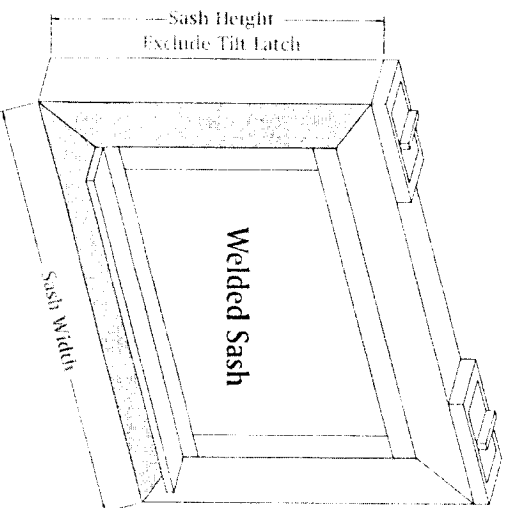
Glass Options: Standard Double Pane

Optional Low E



Warranty only covers the original purchaser of the product. Please include proof you are the original owner with a copy of closing papers or receipt of purchase.

Discrepancies must be reported within 60 days.



For your convenience, pay by:

Credit Card # _____

Exp. Date _____

Check One:

Send Replacement Top or Bottom Glass at no charge per warranty*

*Add \$12.00 shipping & handling per glass panel and remember to please send sash measurements even if glass is required.

Send complete replacement bottom sash at cost of \$46.00/sash

Complete sash offered in White and Almond only.

BRONZE NOT AVAILABLE



Send this form along with your payment to:

MI Windows and Doors, Inc.

650 West Marker Street • P.O. Box 370 • Gratz, PA 17030-0370

ATTN: Customer Care

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Reason for Sash Replacement _____

Date of Window Purchase _____ Place of Purchase _____

Initials: _____ Date: _____

