

# Part # Request Form



1205 E. Lincoln Street  
 P.O. Box 67  
 Nappanee, IN 46550  
 Phone: 574.773.8100  
 Fax: 574.773.0474  
 Email: orders@challengerdor.com

Date \_\_\_\_\_  
 Customer \_\_\_\_\_  
 PO # \_\_\_\_\_  
 Date Required \_\_\_\_\_

## 1201 Series

|  |   |   |
|--|---|---|
| <p><b>Application Type:</b></p> <p><input type="checkbox"/> ENT – Entrance Door<br/> <input type="checkbox"/> BAG – Baggage Door<br/> <input type="checkbox"/> GEN – Generator Door</p> <p><b>Outer:</b></p> <p><input type="checkbox"/> 1200<br/> <input type="checkbox"/> 1201</p> <p><b>GEN Note:</b> (if GEN selected)<br/> <b>Location:</b> _____</p> <p><b>Split Type:</b></p> <p><input type="checkbox"/> SD – Single Door</p> <p><b>Corner Type:</b></p> <p><input type="checkbox"/> SQ – Square Corner</p> <p><b>Hinge Side:</b></p> <p><input type="checkbox"/> TH – Top Hinge<br/> <input type="checkbox"/> BH – Bottom Hinge<br/> <input type="checkbox"/> LH – Left Hinge<br/> <input type="checkbox"/> RH – Right Hinge</p> <p><b>RO Hinge Size:</b><br/>         _____ inches</p> <p><small>* If SQ then min 8" max 117"</small></p> <p><b>RO Non-Hinge Size:</b><br/>         _____ inches</p> <p><small>* If SQ then min 8" max RO 200% up to 8' unless H &gt;= 56" then NH must be &lt;= 56"</small></p> | <p><b>Hinge Type:</b></p> <p><input type="checkbox"/> 1200 Extruded<br/> <input type="checkbox"/> 3" AL Continuous<br/> <input type="checkbox"/> 3" SS Continuous</p> <p><b>Extrusion Color:</b></p> <p><input type="checkbox"/> ML – Mill<br/> <input type="checkbox"/> BK – Black<br/> <input type="checkbox"/> WH – White<br/> <input type="checkbox"/> FRGR – Forest River Gray<br/> <input type="checkbox"/> STGR – Stone Gray</p> <p><b>Latch 1:</b></p> <p><input type="checkbox"/> KTFP (K: ____ T: ____ P: ____ )<br/> <input type="checkbox"/> LK #: _____<br/>         Description: _____<br/>         Qty (if not KTFP): _____</p> <p><b>Latch 2:</b></p> <p>LK #: _____<br/>         Description: _____<br/>         Qty: _____</p> <p><b>Exterior Sheet:</b></p> <p>Material Type: _____<br/>         Color: _____</p> <p><b>Foam</b></p> <p><input type="checkbox"/> Yes – lb foam # _____<br/> <input type="checkbox"/> No</p> <p><b>Interior Sheet:</b></p> <p>Material Type: _____<br/>         Color: _____</p> <p><b>Seal #1:</b></p> <p><input type="checkbox"/> VG12602 Slip On Bulb Seal</p> | <p><b>Windows/Vents:</b></p> <p><input type="checkbox"/> None<br/> <input type="checkbox"/> Description: _____<br/> <b>Location:</b><br/>         _____</p> <p><b>Gas Strut:</b></p> <p><input type="checkbox"/> GSNO0: No Gas Strut<br/> <input type="checkbox"/> GSBO0: Gas Strut, Bracket Backer Only<br/> <input type="checkbox"/> GSTI1: Gas Strut, Top, Install, Qty. 1*<br/> <input type="checkbox"/> GSTS1: Gas Strut, Top, Ship, Qty. 1*<br/> <input type="checkbox"/> GSB1: Gas Strut, Bottom, Install, Qty. 1*<br/> <input type="checkbox"/> GSBS1: Gas Strut, Bottom, Ship, Qty. 1*<br/> <input type="checkbox"/> GSSI1: Gas Strut, Side, Install, Qty. 1°<br/> <input type="checkbox"/> GSSS1: Gas Strut, Side, Ship, Qty. 1°<br/> <input type="checkbox"/> GSSI2: Gas Strut, Side, Install, Qty. 2†<br/> <input type="checkbox"/> GSSS2: Gas Strut, Side, Ship, Qty. 2†</p> <p><small>* If Hinge Side is LH or RH &amp; Non-Hinge size is greater than 10"<br/>         ° If Hinge Side is TH and Non-Hinge size is greater than 10" but less than 24"<br/>         † If Hinge Side is TH &amp; Non-Hinge size is greater than 10"</small></p> <p><b>3-Sided Frame:</b></p> <p><input type="checkbox"/> No<br/> <input type="checkbox"/> Yes (if Corner Radius is not CR4 and Hinge Side is not BH)</p> <p><b>Tube Frame:</b></p> <p><input type="checkbox"/> No<br/> <input type="checkbox"/> Yes<br/> <b>Thickness:</b> _____</p> <p><b>Notes:</b> _____<br/>         _____<br/>         _____<br/>         _____</p> |
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