ONE STOP FENCE AND GATE SHOP - CUSTOMER ENQUIRY FORM

Customer Name: Click here to enter text.

Telephone number: Click here to enter text.

Address (inc	ludi	ing	pc	stc	ode	e): (Click he	ere t	o en	ter te	ext								
STEP ONE - P							•	•		_							e ai	nd ⁻	the
□Fence																	Heig	tht 📥	
□Gate															+			_	
Please provi	de	US	with	n th	e W	/IDT	H of t	the s	spa	сес	ano	d				Wi	dth		$ \pm $
HEIGHT requ	irec	d fo	or yo	our	fen	се	or ga	ıte ir	n mi	llime	etr	es.							
WIDTH:	Clic	k h	ere	to ei	nter	text	t. mn	n											
HEIGHT:	Clic	k h	ere	to e	nter	tex	t. mm	1											
STEP 2 - Inse	rt or	r a	ttac	ch p	ho [.]	tos	of yo	ur sp	oac	e or	g	ap.						+	Ŧ
Step 3 – Cho option)	os€	e th	ne d	desi	gn (of y	our fe	ence	e or	gat	te	(ple	:ase	e cł	nec	ck th	ne re	əlev	ant'
Fence							Gate	€											
□One							□Bi t	fold											
□Two							□Sin	ıgle	gat	e									
□Three							□Do	ouble	e go	ate									
Step 4 – Cho option)	ose	e th	ne r	nat	eric	ıl of	your	fen	се	or g	ate	e (p	lec	ise	che	eck	one)	
Fence							Gate	Э											
□Green								omp	osit	е									
□Light Brow	'n						□Wo	ood											
□Dark Brow	n																		

Additional information and extras:

Please let us know of any further preferences or any information that you think will assist us with your quote.

think will assist us with your quote.
Click here to enter text.
Important information - Please read:
Blah, blah, blah
Please check this box to show you have read and understood this information. \Box