

Any additional comments which will provide Herschel accurate details in their assessment of your property

Additional Dimensions									
Room Name		Width (M)	Length (M)	Height (M)	No. of external walls	Amount of glass m2	Orientation South Facing or other	Floor Level (Ground, top floor, single storey)	Target Temp
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DEALER PLEASE CONFIRM THE FOLLOWING CONDITIONS WITH THE CLIENT BEFORE SENDING THIS FORM: The information request above is to enable Herschel infrared to carry out a desk-top assessment of the estimated heating required. If the Company is asked for advice as to the suitability of any product such advice will be given to the best of the Company's or its officers' ability and in good faith but such advice is only given on the express condition that the Company is exempt from liability for failure in performance resulting directly or indirectly from such advice. (For full details, please refer to or request Herschel Infrared's full Terriferad's full Terri									
IF COMPLETING THIS FORM ON PAPER PLEASE HAVE THE CUSTOMER SIGN HERE	Name Signature				Date]	IF COMPLETIN ELECTRONICALL THE FORM CON CONFIRMS	Y, SUBMITTING ISTITUTES AND
		Job Title - (If applicable)					ACCEPTANCE (