

ORDER DETAILS

Client Name: _____ Brand _____
 Phone Number: _____ Colour: _____ Finish: _____
 Email: _____ Edging Colour: _____
 Date Required: / / Thickness: 1mm 2mm Other: _____
 Job Name: _____ Delivered: Pick-Up:

FINISHED SIZE ONLY

Part Name	Quantity	Height	Width	Edge Long	Edge Short	Comments
Right Hand Gable	1	720	580	1	0	-

THANK YOU