

RAINHEAD ORDER FORM

From (Customer's Name):

Deliver To (Name & Address):

Customer Order Number:

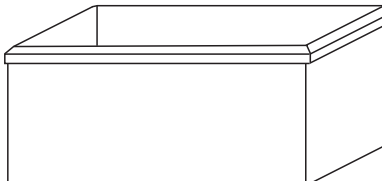
Date Placed:

Date Required:

Order Placed By:

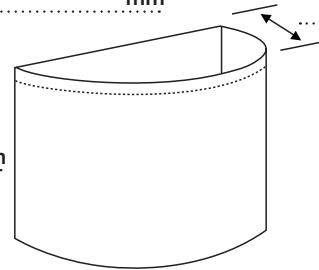
Contact Telephone No:

1 Material: Qty:



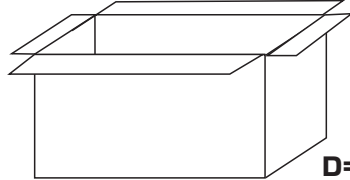
W= mm
D= mm
H= mm

2 Material: Qty:



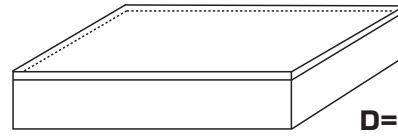
W= mm
H= mm

3 Material: Qty:



LIP= mm
W= mm
D= mm
H= mm

4 Material: Qty:



W= mm
D= mm
H= mm

5 Material: Qty:

6 Material: Qty: