EliteForm Manufacturing

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Special Flashings Order Form

Office Use: Job No **Dkt No:**

Name: **PO No:** **Date:** **Page of**

Deliver to: **Ref / Description**

Contact Name & Phone No: **Date Required:**

PLEASE INDICATE WHICH SIDE THE COLOUR IS ON AND ANGLES REQUIRED

Material:

Girth:

Qty	Lengths	Fit	Price	Office Use Only Cut 1	Cut 2

A ID:

Office Use Only

Made by:

Material:

Girth:

Qty	Lengths	Fit	Price	Office Use Only Cut 1	Cut 2

B ID:

Office Use Only

Made by:

Note: "Fit" refers to Tapered or Internal / External Fit

CLIENTS SIGNATURE: _____

DATE: _____

Total No of items: