

PLAIN RIGHT RETURN PANEL

1.35

Customer Name

Order Number

Date Ordered ____/____/____

____mm Clear Toughened

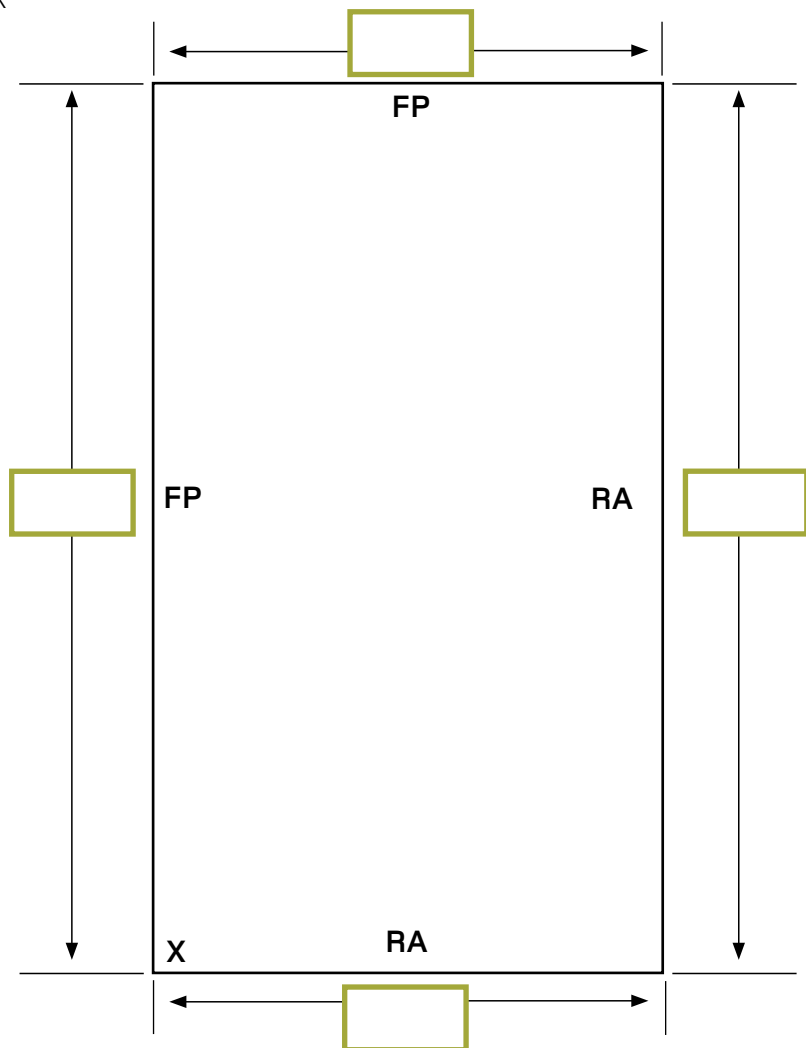
Toughened Glass Stamp - marked 'X'

Edges as marked 'FP'/'RA'

**Please list special
instructions below**



Please fill in your
dimensions (mm)

**Metro Performance Glass Office Use**

Delivery Date

EDI No. _____ Diagram Reference **No: 1.35**

____/____/____