

GLASS ORDER SHEET

PLAIN LEFT RETURN PANEL

1.36

Customer Name

Order Number

Date Ordered ____/____/____

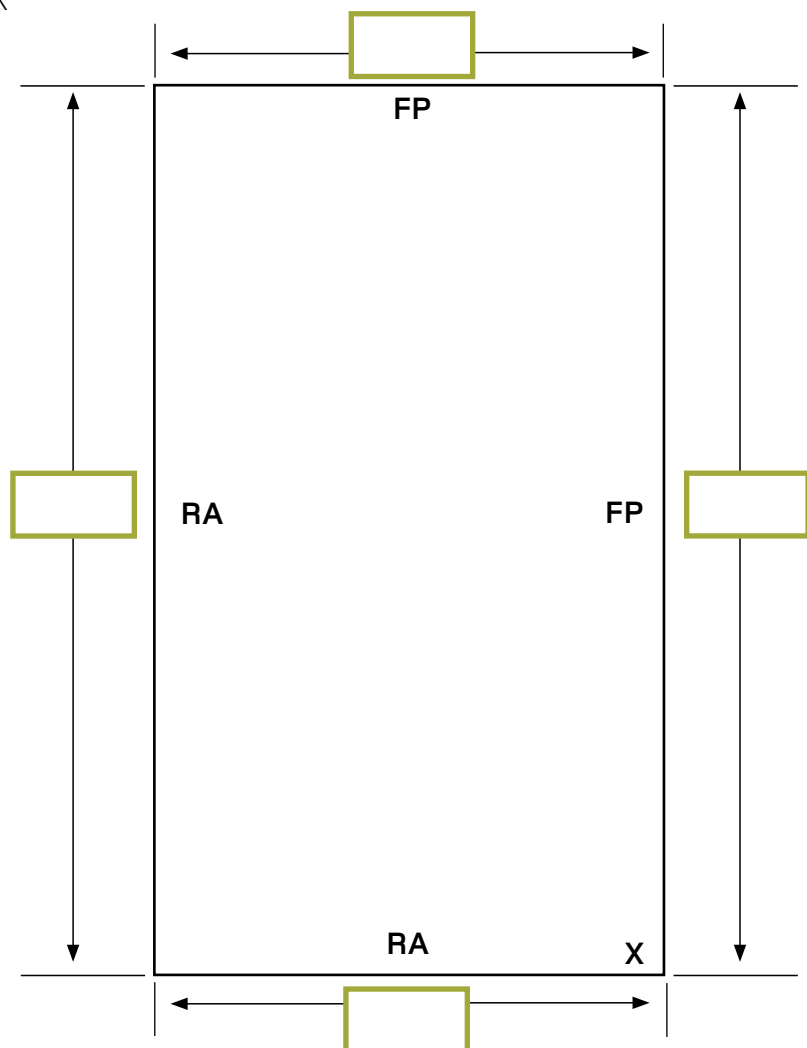
____mm Clear Toughened

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: 1.36**

____/____/____