

GLASS ORDER SHEET

HEAD BRACE

1.52

Hinge Types:

Customer Name

Order Number

Date Ordered ____/____/____

____mm Clear Toughened

Toughened Glass Stamp - marked 'X'

Edges as marked 'FP'

**Please list special
instructions below**

Metro Performance Glass Office Use

Delivery Date

EDI No. _____ Diagram Reference **No: 1.52**

____/____/____