

GLASS PREPARATION

OVER PANEL

2.45

1 x Top Patch

Customer Name

Order Number

Date Ordered ____/____/____

____mm Glass Thickness

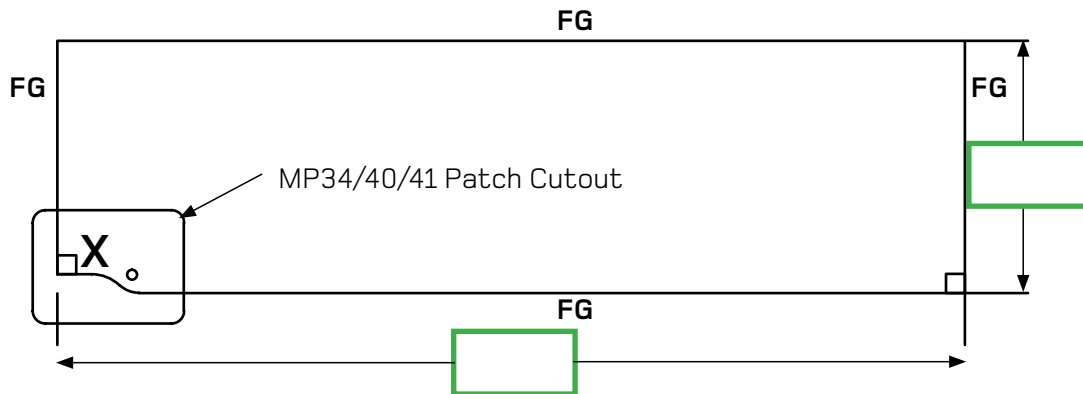
Stamp on bottom edge - marked 'X'

Flat polish 1 x Long Edge.

2 x MP34/40/41 cutout.

Edges as marked 'FG'

**Please list special
instructions below**

Please fill in your
dimensions (mm)**Glass Finishing Key:**

ARR: ARRISSED

FG: FLAT GRIND

FP: FLAT POLISHED

Metro Performance Glass Office Use

Delivery Date

EDI No. _____ Diagram Reference **No: 2.45**

____/____/____