

FLASHING ORDER / PRODUCTION FORM

CLIENT'S NAME:

DELIVERY ADDRESS:

CLIENT'S REFERENCE: CONTACT NAME: DATE REQUIRED:

PO: CONTACT PHONE NO.: PAGE OF

NOTE: PLEASE DETAIL ONE COLOUR PER PAGE

Office Use Only

STEEL / ALUMINIUM	Tick Off <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DETAIL ID MARK:	SALES OFFICE
			LINE NUMBER
			OPERATOR QUALITY CHECK
			PROFILE CHECK
			COLOUR CHECK
			QUANTITY CHECK
		BUTT STRAPS 100mm	ALL SAFE EDGES 12mm
STEEL / ALUMINIUM	Tick Off <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DETAIL ID MARK:	SALES OFFICE
			LINE NUMBER
			OPERATOR QUALITY CHECK
			PROFILE CHECK
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			LINE NUMBER
			OPERATOR QUALITY CHECK
			PROFILE CHECK
			COLOUR CHECK
			QUANTITY CHECK
		BUTT STRAPS 100mm	ALL SAFE EDGES 12mm

ALL FLASHINGS PRODUCED **STRAIGHT** UNLESS OTHERWISE ORDERED