

FOLDED EDGES ORDER FORM

CLIENT NR.

COMPANY _____ VAT _____
 ADDRESS _____
 PHONE _____ FAX _____ MAIL _____

AGENT

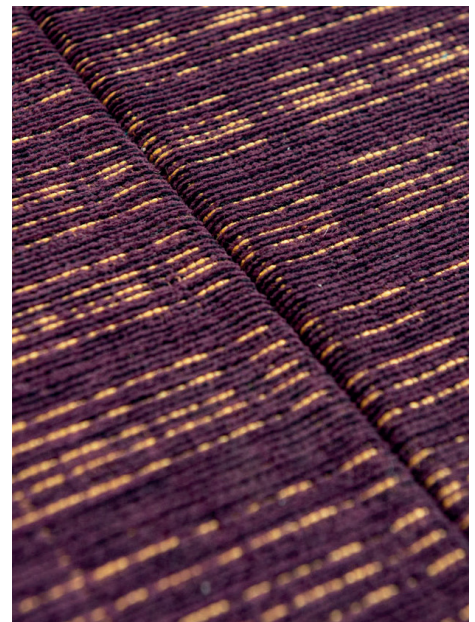
DATE

FOLDED EDGES

Please fill in the length (max 10m) and check left and/or right

Folded edge ↑ Weaving orientation L Left R Right

<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R
<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R



Example : I need a roll of 5m with a folded edge on the left

L R

LENGTH 5m 295 cm

Approximately one week more delivery time.
 For more than 10m length, please contact sales office.
 Pattern matching is not guaranteed.

Signature :