

# FLASHINGS FORM

QUOTE

ORDER

Customer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Order Date: \_\_\_\_\_ Date Required: \_\_\_\_\_ Order/Job Number: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Delivery Instructions: \_\_\_\_\_

**PLEASE ENSURE YOU CLEARLY LABEL THE COLOURED FACE WITH ARROWS.  
ALL ANGLES MUST ALSO BE INDICATED.**

Gauge: Cut Size:	Material: Bends:	Qty	Length	Gauge: Cut Size:	Material: Bends:	Qty	Length
Gauge: Cut Size:	Material: Bends:	Qty	Length	Gauge: Cut Size:	Material: Bends:	Qty	Length