

OFFICE USE ONLY				INV: \$
FLASHINGS	FABRICATIONS	ROOFING		
PRODUCTION	INVOICE	DELIVERY	PICK-UP	



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COMPANY/CUSTOMER:		ORDER DATE:	/ /
PICK UP:	Y / N	CONTACT NAME:	
PICK UP:	AM / PM	SITE CONTACT NO:	
DATE:	/ /	TIME:	
ORDER NO:			

DELIVERY:	Y / N	ADDRESS:	
DEL DATE:	/ /		
TIME:		SPECIAL INSTRUCTIONS:	

FLASHING 1: COLOUR		FLASHING 2: COLOUR	

QTY/LENGTHS		QTY/LENGTHS	

FLASHING 3: COLOUR		FLASHING 4: COLOUR	

QTY/LENGTHS		QTY/LENGTHS	

FLASHING 5: COLOUR		FLASHING 6: COLOUR	

QTY/LENGTHS		QTY/LENGTHS	