

CUTTING LIST

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Name: _____
Address: _____

Phone: _____ Fax: _____
Signature: _____ Date: _____
Order Number: _____ Date Required: _____

| | | | | |
|--------------------------------|--------------------------------|------------------------------|-----------------------------------|----------------------------------|
| Quote <input type="checkbox"/> | Order <input type="checkbox"/> | Order No.: _____ | Delivery <input type="checkbox"/> | Pick-up <input type="checkbox"/> |
| BRAND: | COLOUR: | THICKN'SS: | SUBSTRATE: | |
| EDGE | 0.4mm <input type="checkbox"/> | 1mm <input type="checkbox"/> | 2mm <input type="checkbox"/> | Notes: |

ALL ORDERS FINISHED SIZE UNLESS NOTED OTHERWISE

| Qty | Length/Height | Width | Edge strip | | Qty | Length/Height | Width | Edge strip | |
|-----|---------------|-------|------------|-------|-----|---------------|-------|------------|-------|
| | | | Long | Short | | | | Long | Short |
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