



OFFICE USE ONLY

Job N°.

Invoice N°.

Terms: COD Account Page N° 1 / 1

Customer:

Address:

Contact:

Phone:

Fax:

Customer Order

Date Ordered:

Date Required:

Job No:

Alterations and cancellations must be made within 4 hours of the order being placed. Any alterations and cancellations after this time could incur a charge. All alterations must be in writing quoting the order number.

Face Colour	Edge Type (please tick)
	1mm Matching Edge <input type="checkbox"/> 1-3mm Glass Bead Edging <input type="checkbox"/> 1mm Solid Aluminum <input type="checkbox"/>

Line No	Qty	Height (mm)	Width (mm)	"X" For No Edge				Description	Double Sided
				T	B	L	R		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									

Full Size Sheets 2410mmX1200mm			Edging 100mtr rolls only	
QTY	Colour	D/S	QTY	Colour

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