

CUSTOMERS NAME \_\_\_\_\_

CUSTOMERS PHONE \_\_\_\_\_

COLOUR SELECTED \_\_\_\_\_

SEND SUBMISSION THROUGH OUR CONTACT SCREEN ON THIS WEBSITE. Provide your name, contact phone number and the words attach list. ISPS will reply with our email address for you to attach your cutting list.

CUT TO SIZE.

STRAIGHT

CUTS

ONLY



DATE

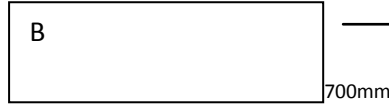
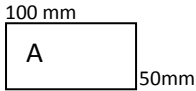
/ /14



Allow 1 mm gap for expansion & contraction.

DRAW DESCRIPTION: Cut to SIZE. EXAMPLE: → A/ 100 mm x 50 mm

3000 mm



→ B/ 3000mm x 700mm

A/ D/ G/

B/ E/ H/

C/ F/ I/

BonethanePremium

BonethaneGN

IPA Acrylic

GLASS INSERT \_\_\_\_\_

Additional charge apply for insert. Please include measurements.

**YOUR EMAIL ADDRESS:**

DRAW DESCRIPTION OF CUTTING LIST. NOTE: STRAIGHT CUTS ONLY

Client to sign cutting list: