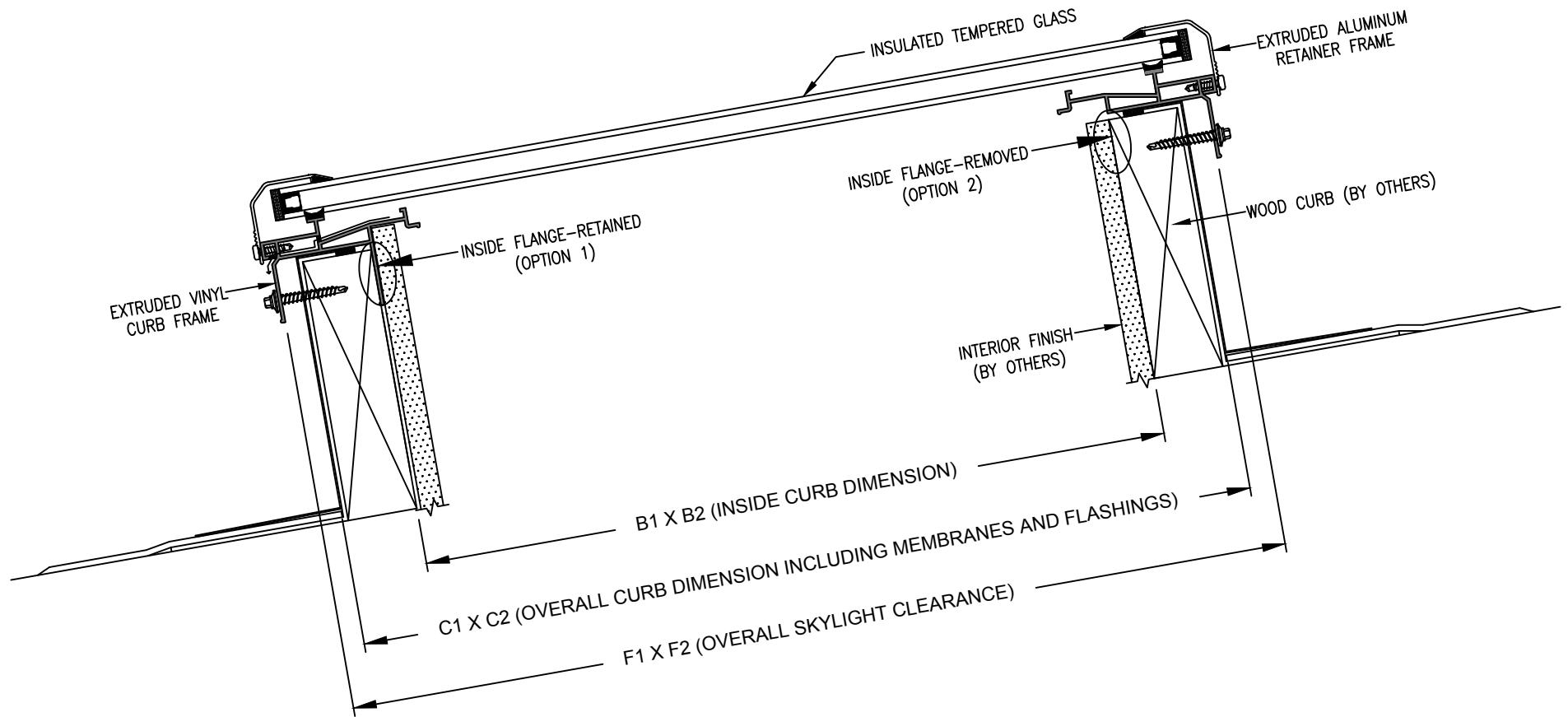


CUSTOM ORDER FORM

SKYLIGHT SECTION: MODEL G-PVCCM (SLOPED ROOF)



REQUIRED DIMENSIONS: inches/mm		INSIDE FLANGE	CUSTOMER:	QUANTITY:
B1		CHOOSE OPTION SHOWN ABOVE:	CONFIRMED BY: _____	
B2				
C1		OPTION 1 (RETAINED) <input type="checkbox"/>	SIGNATURE: _____	
C2				
F1		OPTION 2 (REMOVED) <input type="checkbox"/>	DATE: _____	
F2				



255 Regina Road, Vaughan, Ontario, Canada L4L 8M3
 Tel: (416) 747-7233 Fax: (416) 747-6630
 E-mail: info@artisticskylight.com
 Web: www.artisticskylight.com