

CUSTOMER DETAILS

DATE : _____

CUSTOMER NAME : _____

ADDRESS : _____

PHONE NUMBER : _____

FAX OR MAIL TO :

QLD Fax : (07) 3891 0725
PO BOX 1007 Coorparoo Dc QLD 4151

NSW Fax : (02) 9569 8344
778 Parramatta Rd Lewisham NSW 2049

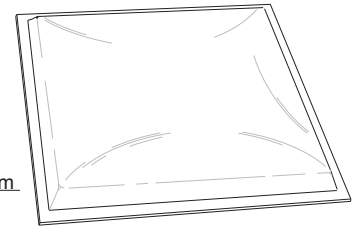
PLEASE FILL IN THE DETAILS BELOW FOR ORDERING REPLACEMENT DOMES. NON-STANDARD SHAPES ARE ABLE TO BE MOULDED AS WELL. CONTACT YOUR LOCAL REGENT DISTRIBUTOR FOR ADVICE. PLEASE PHOTOCOPIY THIS SHEET AS REQUIRED.

SKYLIGHT DOMES

1. DETAILS

QTY REQUIRED

ORIGINAL MANUFACTURER (if known) _____



2. SIZES

_____ mm X _____ mm _____ mm _____ mm _____ mm
(O/A WIDTH) (O/A LENGTH) (FLANGE) (SHOULDER) (RISE)

3. GLAZING

HI-IMPACT ACRYLIC

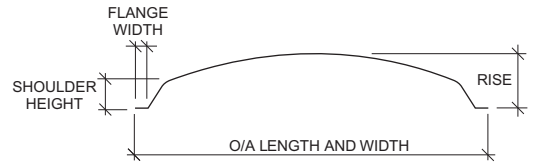
- OPAL
- CLEAR
- TINT

STANDARD ACRYLIC

- OPAL
- CLEAR
- TINT

POLYCARBONATE

- OPAL
- CLEAR
- TINT

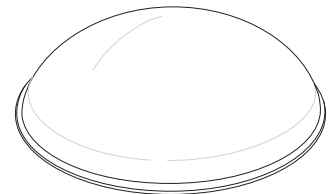


TUBELIGHT DOMES

1. DETAILS

QTY REQUIRED

ORIGINAL MANUFACTURER (if known) _____



2. SIZES

_____ mm _____ mm _____ mm _____ mm
(DIAMETER) (FLANGE) (SHOULDER) (RISE)

3. GLAZING

HI-IMPACT ACRYLIC

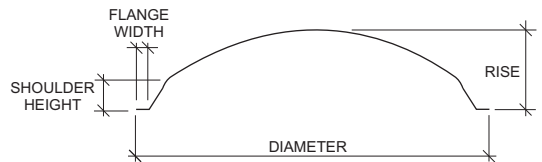
- PRISMATIC
- OPAL
- CLEAR
- TINT

STANDARD ACRYLIC

- PRISMATIC
- OPAL
- CLEAR
- TINT

POLYCARBONATE

- OPAL
- CLEAR
- TINT



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February 2011