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Order Form

Send orders to: orders@smartstyle.au 1300 854 166 www.hvgbuilding.com.au

Company:	Order		Quote	
Contact Name:	Order Date):		
Contact Phone:	Required D	ate:		
Contact Email:	Your Refer	ence:		
Delivery Address:				
Customer Signature:	Sales Repr	esentative:		

L	ow Pressu	re Melamine	(LPM) douk	ole-sid	ed 16r	nm st	andar	d thickness unless note	d. 1mm ABS	
Line	Qty	Height	Width	ABS Ec	ge (no si	des if lef	t blank)	See page 2 for HPL / Tracele	ss order form	Other board thickness
LIIIO	Q.C.	(mm)	(mm)	Т	В	L	R	NOTES:		P.O.A
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Hi	igh Pressur	e Laminate ((HPL) Trace	_						s unless noted. 1mm AB	
Line	Qty	Height (mm)	Width (mm)	ABS Ec	ge (no si	des if lef	t blank)	1 side G1S	/ 2 side G2S	NOTES:	Other board thickness P.O.A
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ADD	ADDITIONAL NOTES:										