



Date: _____

TEL: 012 942 8637

For Office Use only

CELL: 071 101 5690

Branch: _____

ADDRESS: 396 C Gerrit Maritz

Sales Assistant: _____

Str PTA North

BULKHEAD - ORDER FORM - PLEASE COMPLETE IN FULL:

Client details: _____ Project: _____

Client Contact details: _____

Delivery: YES / NO OWN Collection: YES / NO

If yes, please supply delivery address in FULL:

(delivery charges apply to orders under R5000.00 or over 100km radius)

Sample needed for signoff: YES / NO

Linear Meters specified: _____

Order Requirements:

1. Detailed drawing or architect drawing compulsory to every order
2. For above - see drawing page 2 - attached
3. Exposed sides of the bulkheads to be clearly indicated
4. Indicate all edges to be rebated - additional drawing page attached
5. No order will be processed without this signed document.
6. Lead times to be confirmed on order
Minimum to be 3-5 working days
7. Terms: Full payment on all bulkhead orders before the manufacturing /collection thereof.
8. Please note we only manufacture, we are NOT installers.

Client Signature: _____

Signed on behalf of BDE: _____



Detailed drawing or attach Architect drawing:

(Provide at least 2 x elevation drawings)

Client Signature: _____

Signed on behalf of BDE: _____