## Fixed Suspended Panel Order Form



Account Number	Date
Account Name	
	21/////////////////////////////////////
Your order reference	
////////	
Delivery Address	
(If left blank, we will assume that delivery is to your <b>standard</b> delivery address)	
	/////==================================
Any additional information	

	Fixed Suspended Panel	Panel 1	Panel 2	Panel 3	Panel 4	Panel 5
Basic Information	Quantity					
	Width					
	Drop					
Fitting Information	Bracket Type*					
	Location (e.g. Bedroom, Kitchen, Dining room etc)*					

<sup>\*</sup> If left blank we will assume standard specification (please refer to product binder for standard specification and additional options)

