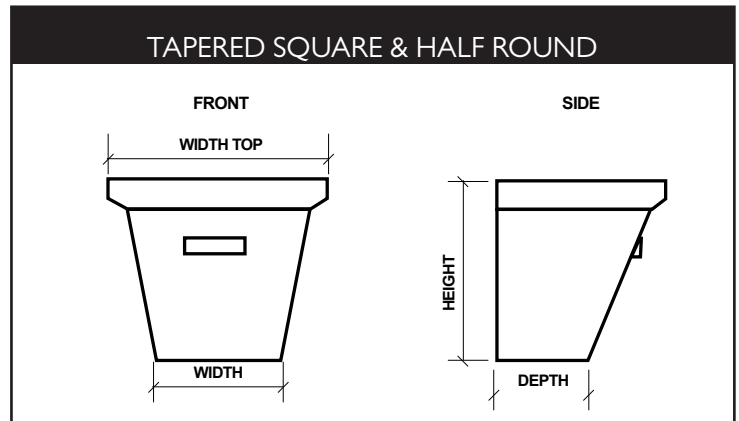
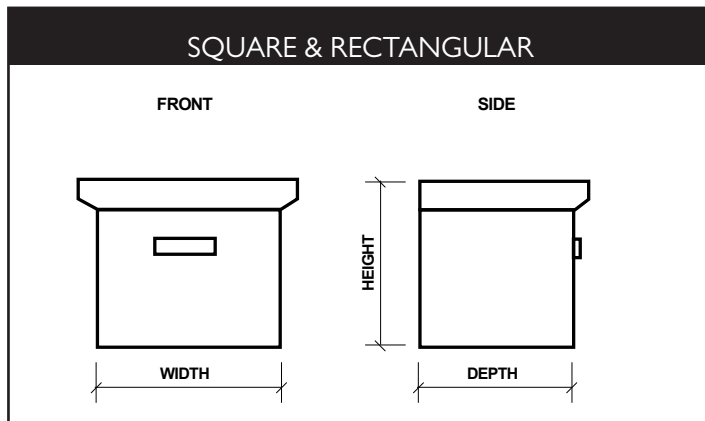


# Rainheads

## Order form



CUSTOMER NAME:	ORDER DATE:	JOB REF:
CONTACT NAME:	DATE REQUIRED:	
DELIVERY ADDRESS:	DELIVERY <input type="checkbox"/>	PICK UP <input type="checkbox"/>



REF	COLOUR	WIDTH (mm)	HEIGHT (mm)	DEPTH (mm)

ADDITIONAL INFORMATION:

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