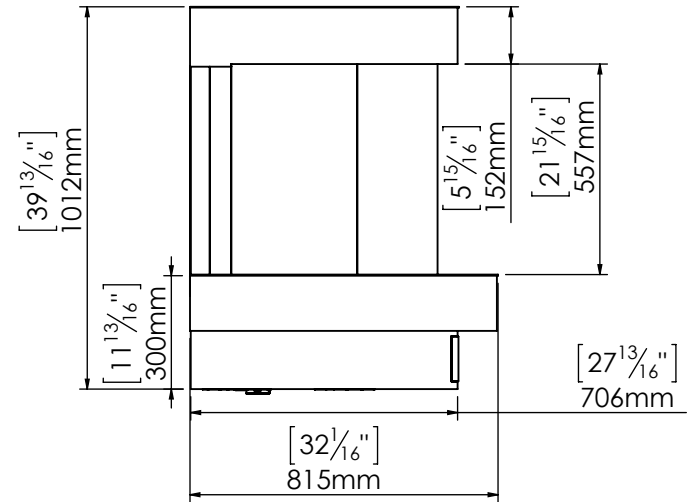


Please Note:

Order No.(fill in by Ortal): _____

Customer Signature: _____ Date: _____

Marketing Representative Signature: _____ Date: _____



Stand Alone 6575 Curve

Double Glass

Double Level Base
Flat Top

