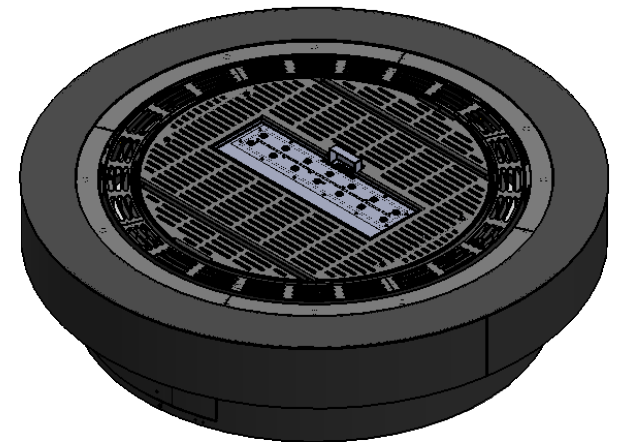
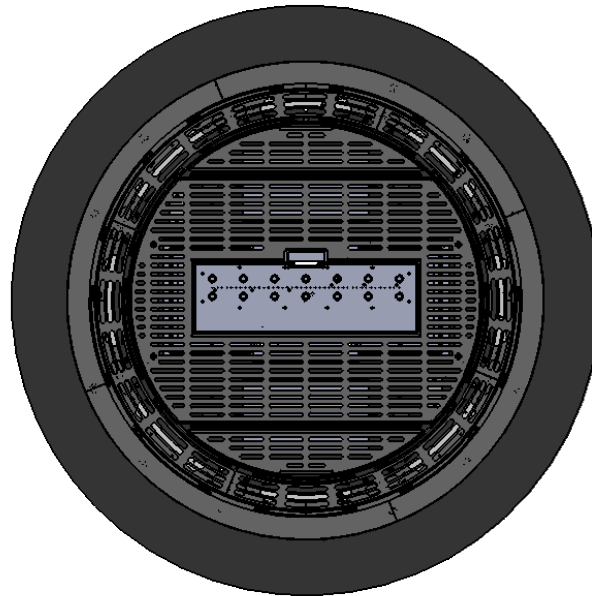
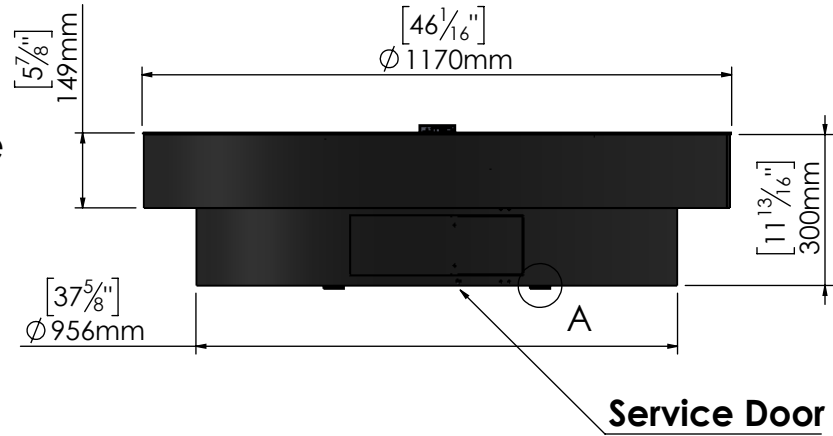


## Circle 70 360

Double Glass

Double Level Base



Please Note:

Order No.(fill in by Ortal): \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Marketing Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_