



ITEM 12

N°	QTY.	A	B	C	D	X	T	REMARK
1								
2								
3								
4								

Customer Information

NAME: _____

COMPANY: _____

ADDRESS: _____

TEL/FAX: _____

Project: _____

Date: _____

Drawing Title: _____

FORM PLATES

19489 - 92 Ave. Surrey, BC V4N 4G6
 Tel: 604-882-8699 Fax: 604-882-8799

PRK METAL WORKS

Drawn: *DR* Check: _____

PO _____

Job. No. _____

Rev. _____