

To be filled in by C3 Systems

Date \_\_\_\_\_ Order N°: \_\_\_\_\_

Name \_\_\_\_\_

City \_\_\_\_\_ Cell Phone \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Reference \_\_\_\_\_

Customer Service **966.286.186** Fax **965.682.677**

export@c3systems.es

Order  Offer

**COLOR OF ALUMINIUM PROFILE**

NATURE 9006  Basic Ral  Anodized  Lacquered Wood  Special Ral

RAL 9011 MATT \_\_\_\_\_

WHITE \_\_\_\_\_

**TYPE OF GLASS AND FINISHES**

Laminated 3+3 mm  FINISHED (WITH GLASS)

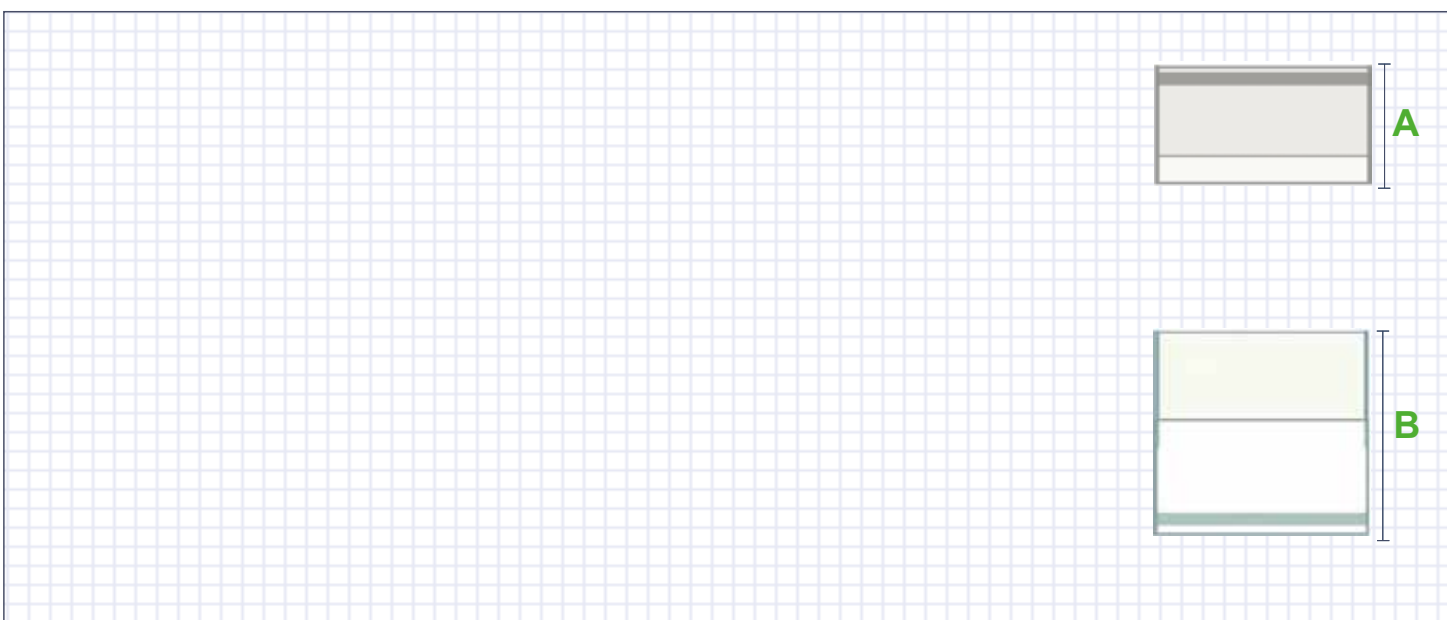
Tempered 6 mm  SEMI-FINISHED (WITHOUT GLASS)

TOP  DOWN

Transparent  Transparent

Matt - Translucent  Matt - Translucent

Other: \_\_\_\_\_  Other: \_\_\_\_\_







Available Models in mm.

<input type="checkbox"/> HEIGHT (Closed A)	950	<input type="checkbox"/> HEIGHT (Open B)	1600
<input type="checkbox"/> HEIGHT (Closed A)	1150	<input type="checkbox"/> HEIGHT (Open B)	2000
<input type="checkbox"/> HEIGHT (Closed A)	1350	<input type="checkbox"/> HEIGHT (Open B)	2200
<input type="checkbox"/> HEIGHT (Closed A)	1550	<input type="checkbox"/> HEIGHT (Open B)	2400








N° of Modules

Allow the manufacturer to decide the number of modules.  I would like to specify the number of modules.

Supports

		Units
<input type="checkbox"/> Standard support		Left hand _____ Right hand _____ Double _____
<input type="checkbox"/> Frontal support		Left hand _____ Right hand _____ Double _____
<input type="checkbox"/> Short base support		Left hand _____ Right hand _____ Double _____
<input type="checkbox"/> Wheel support		Number of modules with wheels _____

Connections

<input type="checkbox"/> Kit 2 linear connection		Number of kits _____
<input type="checkbox"/> Kit 2 90° connection		Number of kits _____
<input type="checkbox"/> Kit 2 wall connection		Number of kits _____
<input type="checkbox"/> Kit flower pot		Number of kits _____
<input type="checkbox"/> Kit flower pot with wheels		Number of kits _____
<input type="checkbox"/> Kit Corner profile		Number of kits _____
<input type="checkbox"/> Kit key lock		Number of kits _____

Date, signature and stamp

**VERY IMPORTANT**

Maximum width per module: 2000mm.  
Minimum width: 1000mm.

**Packaging**

Packed  Not packed

**Transport**

Included  Collect directly