SAMPURNA HOME FURNISHINGS PRIVATE LIMITED

CNC Cut Gates & Grills Order Form

ORDER DATE _____ **ORDER NUMBER**_____

Customer Name _____

Company Name (if applicable)_____

Phone Number _____

Email Address _____

Shipping Address

Street address_____

City _____

State _____

PIN Code _____

Country _____

1. **Type Of Gate** Single Swing Gate

   Quantity _____

   Size/Dimensions (W X H)_____

   Gate Style (Choose from our Catalog) _____

   Special Requests/Notes_____

2. **Gate Material** Steel

   Special Requests/Notes_____

3. **Gate Style** Traditional

   Special Requests/Notes_____

4. **Type of Grill** Window Grill

   Quantity _____

   Size/Dimensions (W X H)_____

Grill Style (Choose from our Catalog) _____

SpecialRequests/Notes_____

5. **Grill Material** Steel

   Special Requests/Notes_____

6. **Grill Style** Simple

   Special Requests/Notes_____

7. **Additional Features** Automation (for gates)

   Special Requests/Notes_____

Customer Signature_____

Date_____

SAVE