

Client

Company name _____

Order number _____ Date _____

Footnotes

¹ Write the name or its index nr (the number You will find in the price list)

² For the width bigger than 1 meter in SMART program we use higher profile.

Shadow-System Sp. z o.o.
Kawle Dolne 4F
83-304 Przodkowo Polska

Phone: +48 58 550 08 80
Mobile: +48 508 200 339
E-mail: info@shadow-system.pl
Website: www.shadow-system.pl

Social Media:  shadowsystemeu  shadowsystem.de

LP:	Model	Amount	Profile colour	Width S1 [mm]	Lenght H1 [mm]	Fabric nr.		Operation side		Montage elements				Higher profile ² Models: handle operated	Symbol of roof window FAKRO / VELUX	Site/ Remarks
						Upper	Lower	Left	Right	Mounting feet	Mounting feet with magnet	Mounting clip	Metal bracket			
1																
2																
3																
4																
5																
6																
7																

Additional remarks _____

Without Shadow-system Logo
*Standard all products have a logo
Shadow-System 25mmx7mm



Terms of sale and warranty
I accept terms of sale and warranty

