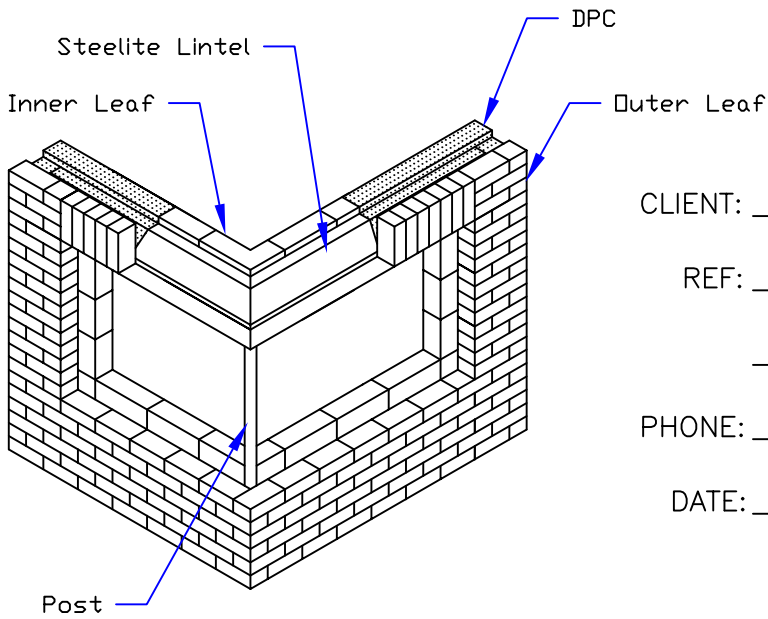


CORNER LINTEL

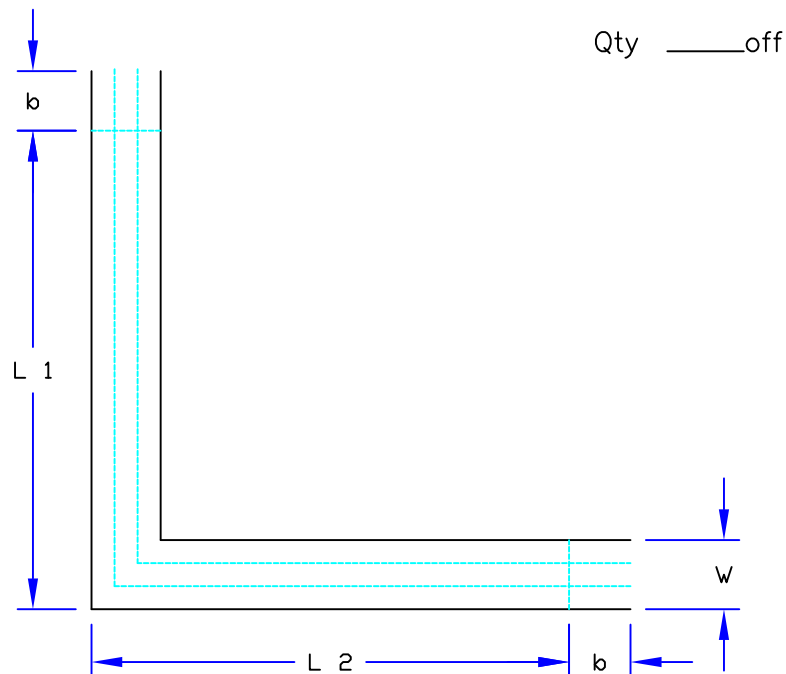


STEELITE SPECIALS



CLIENT: _____
 REF: _____

 PHONE: _____
 DATE: _____



L 1 _____ L 2 _____ Width _____

Qty ____ off SUPPORT POSTS HEIGHT _____

EXTERNAL LEAF _____ (Brick/Fairface or Block Rendered)

NOTE: All measurements should be taken from the face of the outer leaf.
 All measurements should be given in millimetres.

SIGNED BY: _____ DATE: _____