 **MANIFESTATIONS ENQUIRY FORM**

|  |  |
| --- | --- |
| Company Name |  |
| Contact Name |  |
| Telephone Number |  |
| Email Address |  |
| Vessel Name or Project Name |  |

**TICK PRODUCT OF INTEREST>>**

|  |  |
| --- | --- |
| Frosted Vinyl Cut Outs |  |
| Coloured Vinyl Cut Outs |  |
| Full Digital Print onto Optically Clear Film |  |
| Full Digital Print onto Frosted Film |  |
| Contra vision (One-way perforated film) |  |

Tell us a bit more about your enquiry? Your ideas, the material you would like to use, the shapes, the colours, where the manifestations will be used, what is their intended purpose?

If you know the approximate quantity of manifestation needed, specify it here:

|  |  |
| --- | --- |
|  | **metres** |

Alternatively record all window dimensions here:

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| --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Window Reference** | **Qty** | **Upper Width** | **Lower Width** | **Shape** | **Height** |
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**Send to theteam@solarglide.com**