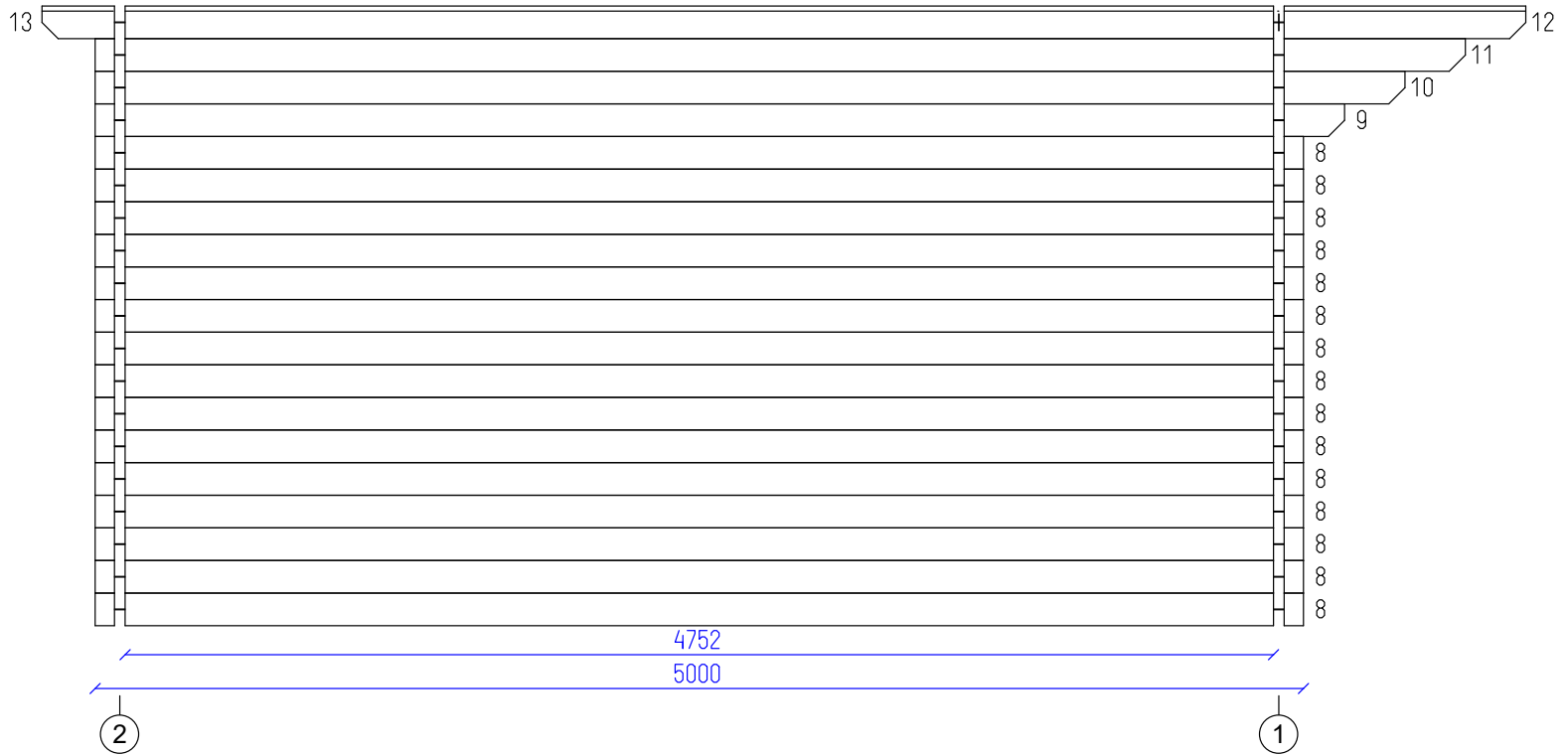


Grey		
Wall 1	Sheet 3	Of 7

2565



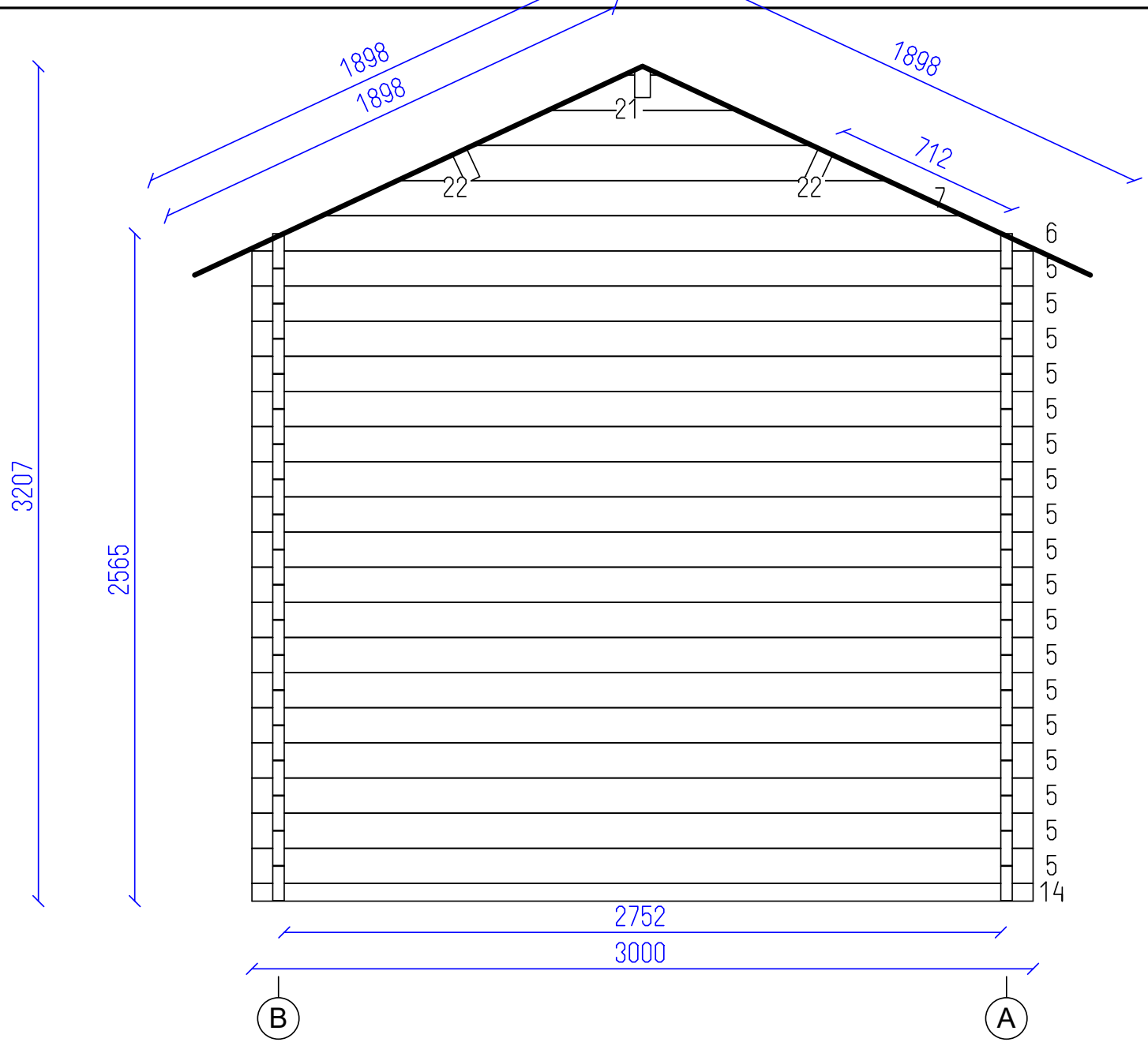
AMR
LOG CABINS

Grey

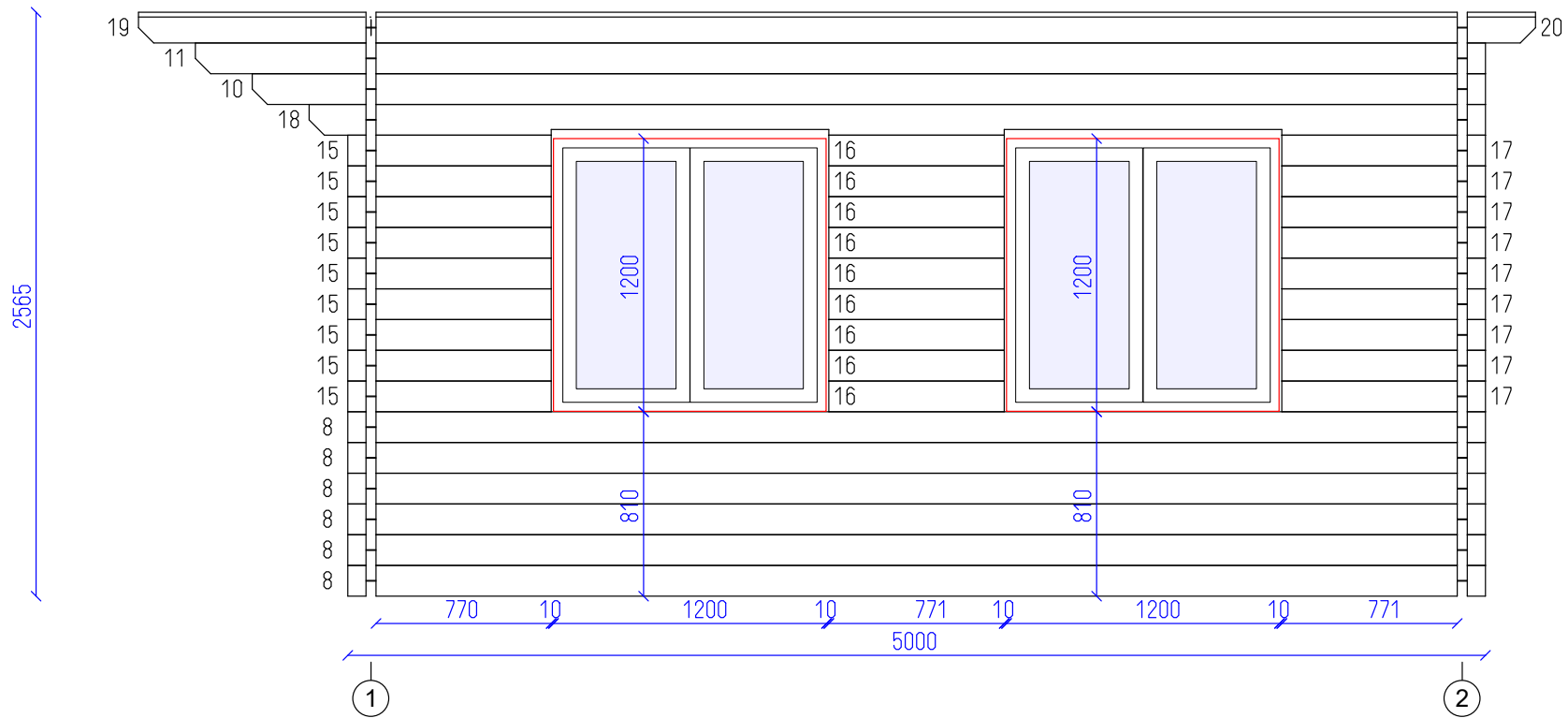
Wall A

Sheet
4

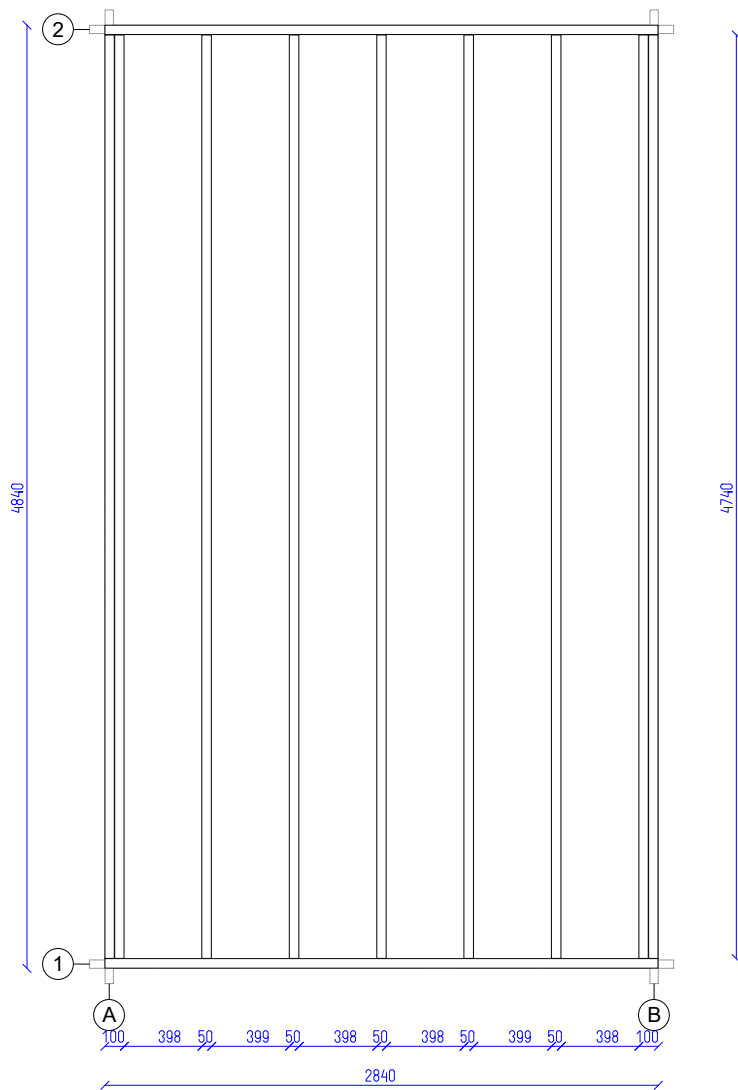
Of
7



Grey		
Wall 2	Sheet 5	Of 7



Grey	
Wall B	Sheet 6
	Of 7





RECLAMATION

Client name			
Project name			
Wall thickness			
Reclamation type			
<input type="checkbox"/>	Missing parts	Number	_____
		Quantity	_____
<input type="checkbox"/>	Broken parts	Number	_____
		Quantity	_____
<input type="checkbox"/>	Bad cut	Number	_____
		Quantity	_____
<input type="checkbox"/>	Other (Please describe):		
Specification			
<input type="checkbox"/>	Logs		
<input type="checkbox"/>	Windows		
<input type="checkbox"/>	Doors		
Windows and doors range			
<input type="radio"/>	SILVER line		
<input checked="" type="radio"/>	SUPERIOR line		
<input type="radio"/>	PREMIUM line		
Delivery date			
Additional comment:			

**please attach pictures for reference*

Responsible person

E-mail

Phone