

ARCHITECTURAL PRODUCTS COMPANY

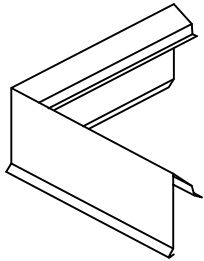
1290 AVIATION BLVD. SUITE 200
 P.O. BOX 630
 HEBRON, KY 41048

KY (859) 689-2210 OUT STATE (800) 837-1001
FAX (859) 689-2215

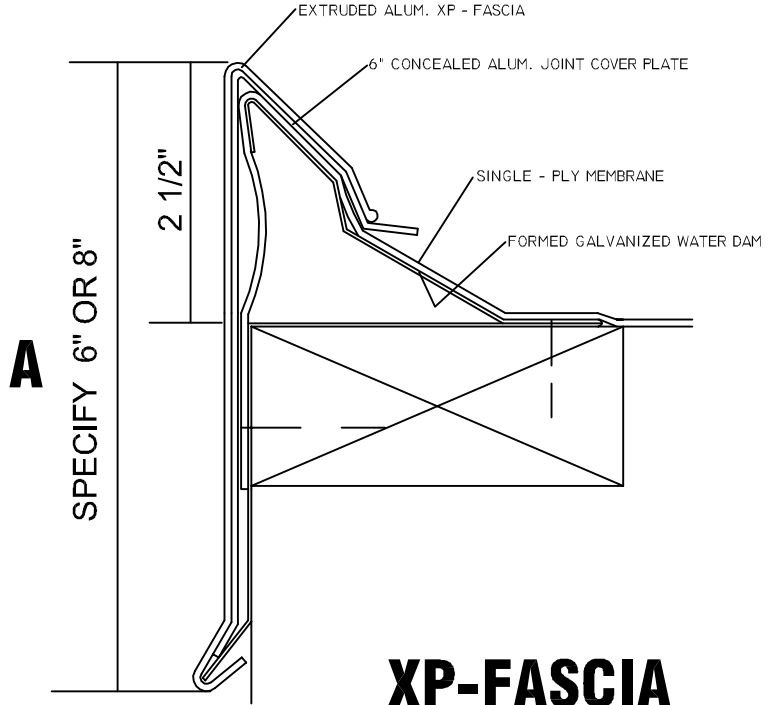
XP - FASCIA

QUANTITY

- ___ FT. TOTAL PERIMETER
- ___ PCS STOCK @ 10'0"
- ___ PCS STD. O.S. CORNER
- ___ PCS STD. I.S. CORNER
- ___ PCS SPEC. CORNER (ATTACH SKETCHES)
- ___ PCS END CAP - L
- ___ PCS ENDCAP - R
- ___ PCS END TERM - L
- ___ PCS END TERM - R



WELDED CORNERS



XP-FASCIA

DETAIL	ARCH'L REF.	DESCRIPTION	
SIZE	FACE	MATERIAL	FINISH
<input type="checkbox"/> XP-600	6" (152MM)	.075" (1.9MM) ALUM.	<input type="checkbox"/> MILL FINISH
<input type="checkbox"/> XP-800	8" (203 MM)	.094" (2.4MM) ALUM.	<input type="checkbox"/> KYNAR 500
			<input type="checkbox"/> CLEAR ANODIZED
			<input type="checkbox"/> BRONZE ANODIZED
			<input type="checkbox"/> BLACK ANODIZED
			<input type="checkbox"/> _____
COLOR _____			
TRANSMITTAL <input type="checkbox"/> REQUEST FOR QUOTATION <input type="checkbox"/> REQUEST FOR INFORMATION <input type="checkbox"/> SUBMIT AS QUOTATION <input type="checkbox"/> CONFIRMING TELCON <input type="checkbox"/> SUBMIT FOR APPROVAL <input type="checkbox"/> FOR YOUR FILES BY _____ DATE _____		CUSTOMER APPROVAL <input type="checkbox"/> APPROVED FOR FABRICATION <input type="checkbox"/> APPROVED WITH CHANGES _____ <input type="checkbox"/> DISAPPROVED, RESUBMIT AUTHORIZED CUSTOMER SIGNATURE _____ TITLE DATE	
JOB NAME		JOB #	
LOCATION		SHEET OF	
CUSTOMER		BY	
REPRESENTATIVE		DATE	
ARCHITECT			