

ARCHITECTURAL PRODUCTS COMPANY

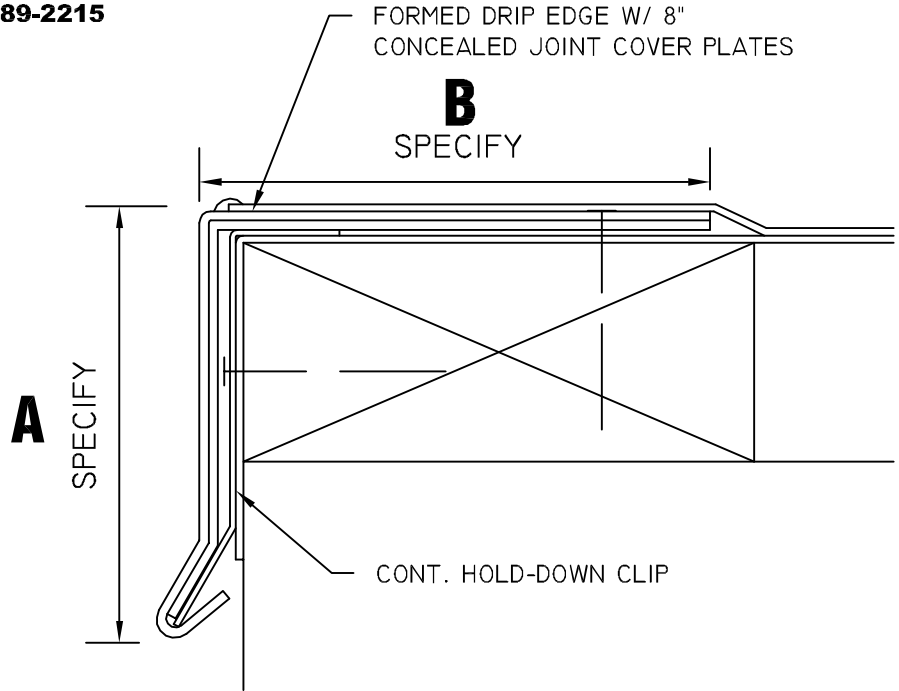
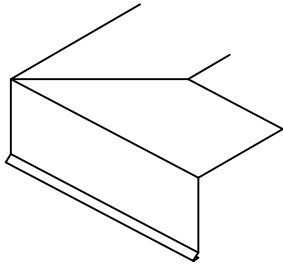
1290 AVIATION BLVD. SUITE 200
 P.O. BOX 630
 HEBRON, KY 41048

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

FORMED DRIP EDGE

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 (ALUM.)

FORMED DRIP EDGE

DETAIL _____ ARCH'L REF. _____ DESCRIPTION _____			
SIZE	GAUGE	MATERIAL	FINISH
A= _____	<input type="checkbox"/> .050	<input type="checkbox"/> ALUMINUM	<input type="checkbox"/> MILL FINISH
B= _____	<input type="checkbox"/> .063	<input type="checkbox"/> GALV STEEL	<input type="checkbox"/> KYNAR 500
	<input type="checkbox"/> .080	<input type="checkbox"/> STAINLESS STEEL	<input type="checkbox"/> CLEAR ANODIZED
	<input type="checkbox"/> 24 GA	<input type="checkbox"/> _____	<input type="checkbox"/> BRONZE ANODIZED
	<input type="checkbox"/> 22 GA		<input type="checkbox"/> BLACK ANODIZED
	<input type="checkbox"/> _____		<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 _____ AUTHORIZED CUSTOMER SIGNATURE <input type="checkbox"/> DISAPPROVED, RESUBMIT _____ TITLE DATE	
JOB NAME		JOB #	
LOCATION		SHEET OF	
CUSTOMER		BY	
REPRESENTATIVE		DATE	
ARCHITECT			