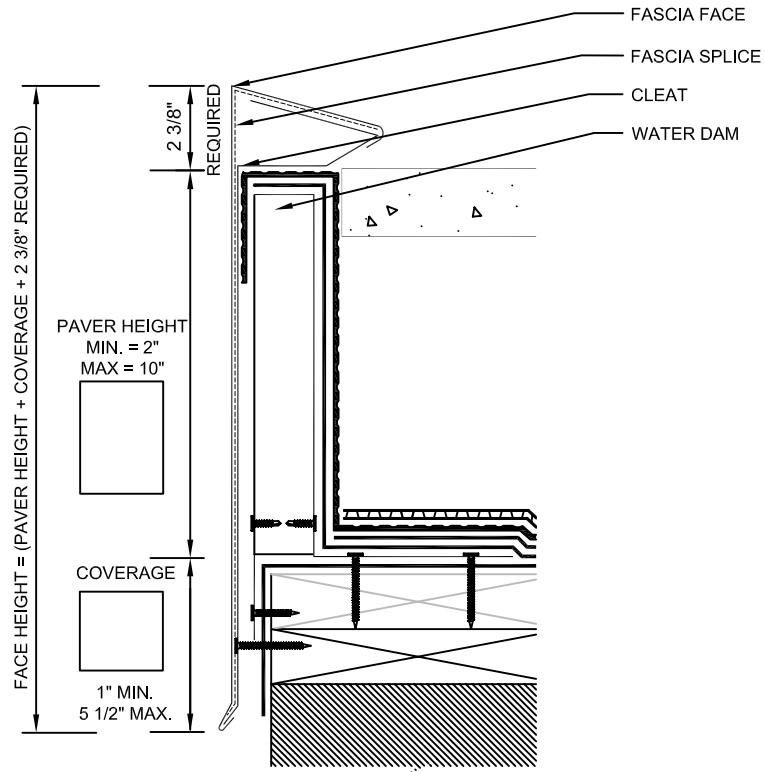




ORDER/SPECIFICATION FORM

Paraguard Paver Edge 10 inch



QUANTITY:

___ FT. TOTAL PERIMETER	___ PCS END CAP - LEFT
___ RADIUS L.F. (send templates)	___ PCS END CAP - RIGHT
___ PCS STD. O.S. CORNER	___ PCS TRANSITION (attach sketch)
___ PCS STD. I.S. CORNER	_____
___ PCS CUSTOM CORNER (attach sketch)	_____

MATERIAL

THICKNESS

FINISH

<input type="checkbox"/> ALUMINUM	<input type="checkbox"/> 0.050"	<input type="checkbox"/> COIL KYNAR
<input type="checkbox"/> GALV. STEEL	<input type="checkbox"/> 0.063"	<input type="checkbox"/> SPRAY KYNAR
<input type="checkbox"/> STAIN. STEEL	<input type="checkbox"/> 24 GAUGE	<input type="checkbox"/> MILL
	<input type="checkbox"/> _____	<input type="checkbox"/> CLEAR ANODIZED
		<input type="checkbox"/> BRONZE ANODIZED
		<input type="checkbox"/> BLACK ANODIZED

SIPLAST PARAGUARD COLOR: SP _____

JOB NAME: _____ QUOTE NO: _____

LOCATION: _____

SHIP TO ADDRESS: _____

CONTRACTOR APPROVAL:

APPROVED FOR FABRICATION

APPROVED WITH CHANGES

CONTRACTOR NAME

DATE

CONTRACTOR REPRESENTATIVE

CONTRACTOR SIGNATURE