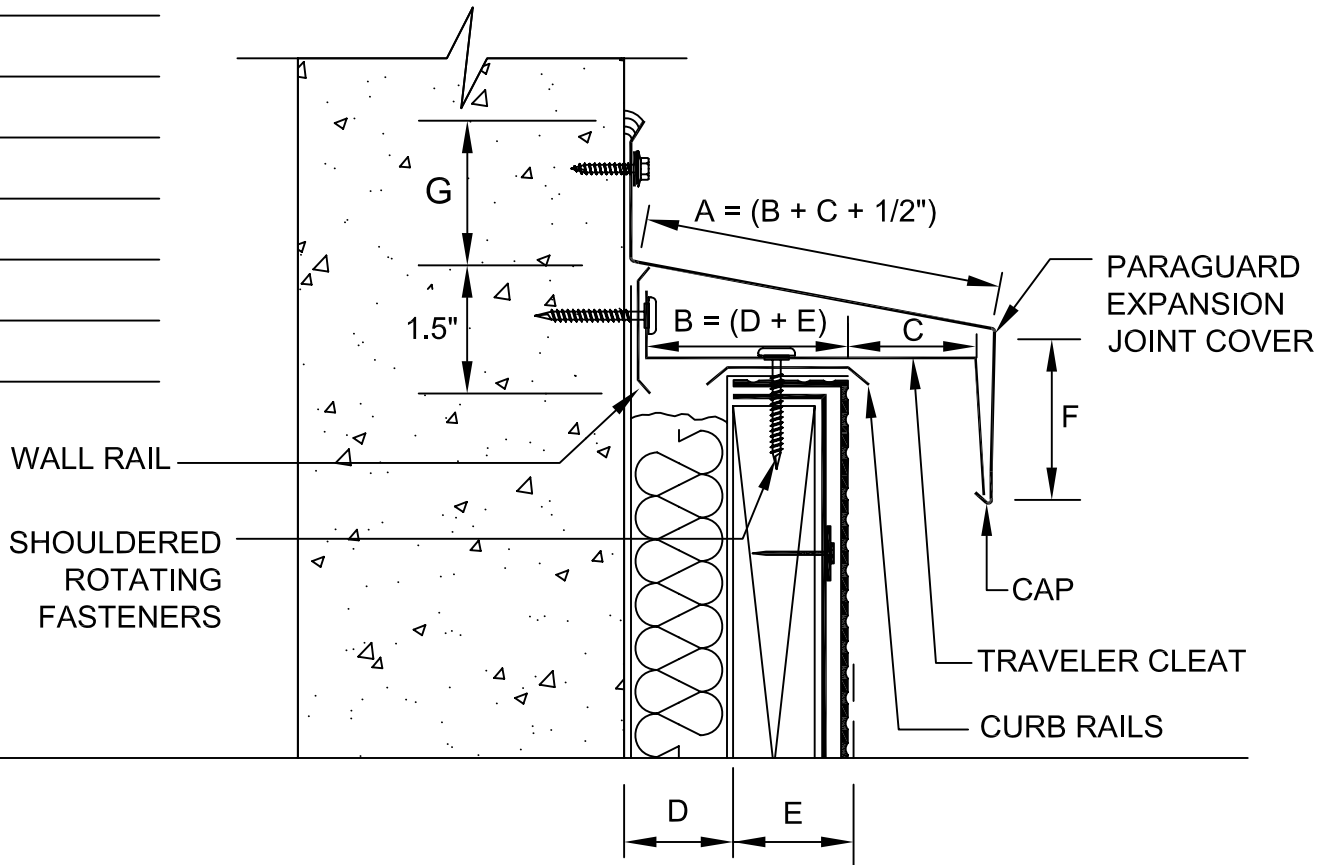




# Paraguard Roof to Wall

## ORDER/SPECIFICATION FORM

A = \_\_\_\_\_  
 B = \_\_\_\_\_  
 C = \_\_\_\_\_  
 D = \_\_\_\_\_  
 E = \_\_\_\_\_  
 F = \_\_\_\_\_  
 G = \_\_\_\_\_



\* FOR PURPOSES OF CLARITY THE SIPLAST REQUIRED MEMBRANE APPLICATION IS NOT SHOWN.

### QUANTITY:

_____ TOTAL FEET	_____ PCS TRANSITION TO PARAGUARD COPING
_____ PCS. STOCK @ 10'0"	_____ OTHER (attach sketch)
_____ PCS STD. "T"	_____
_____ PCS STD. "CROSS"	_____

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

CONTRACTOR NAME

CONTRACTOR REPRESENTATIVE

APPROVED WITH CHANGES

DATE

CONTRACTOR SIGNATURE