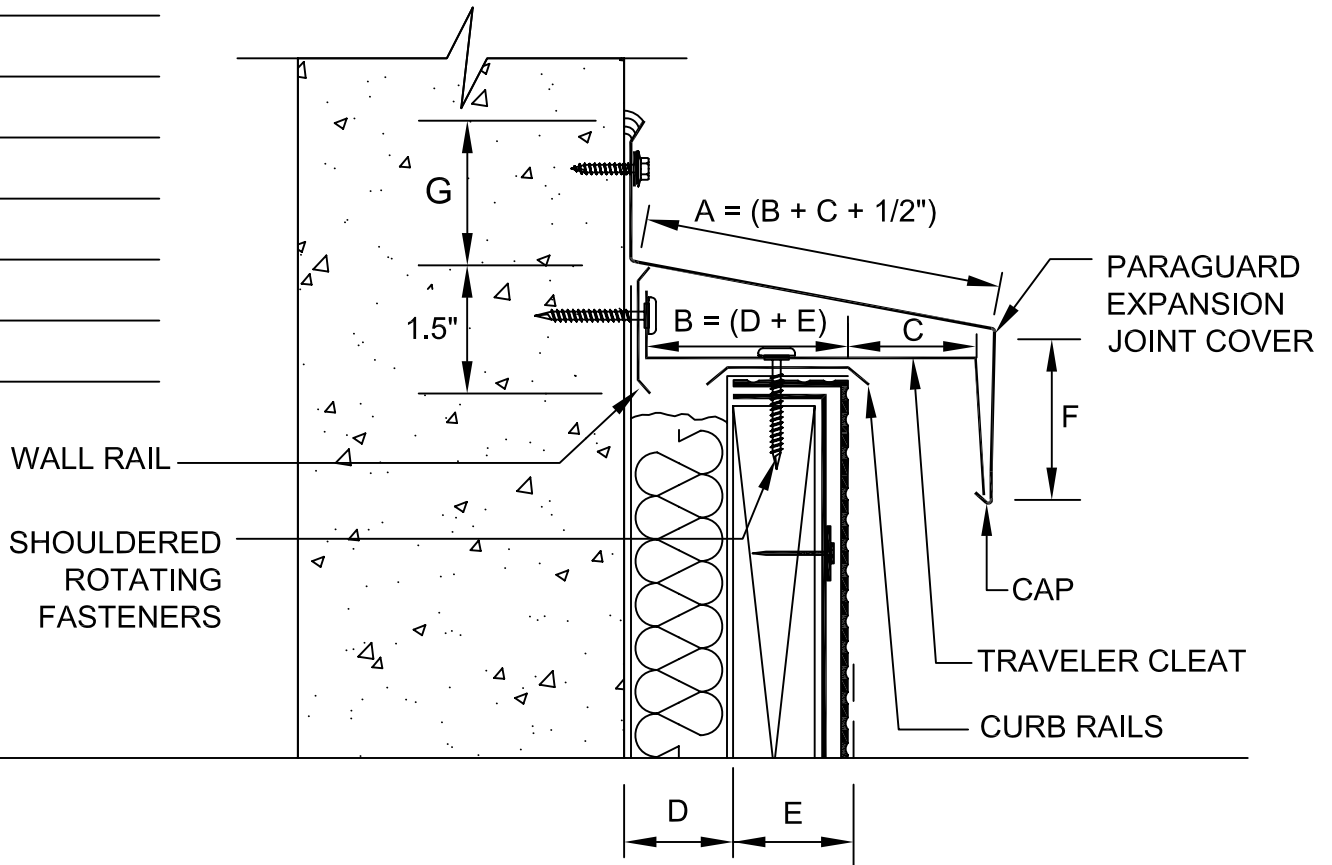




Paraguard Roof to Wall

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