

ARCHITECTURAL PRODUCTS COMPANY

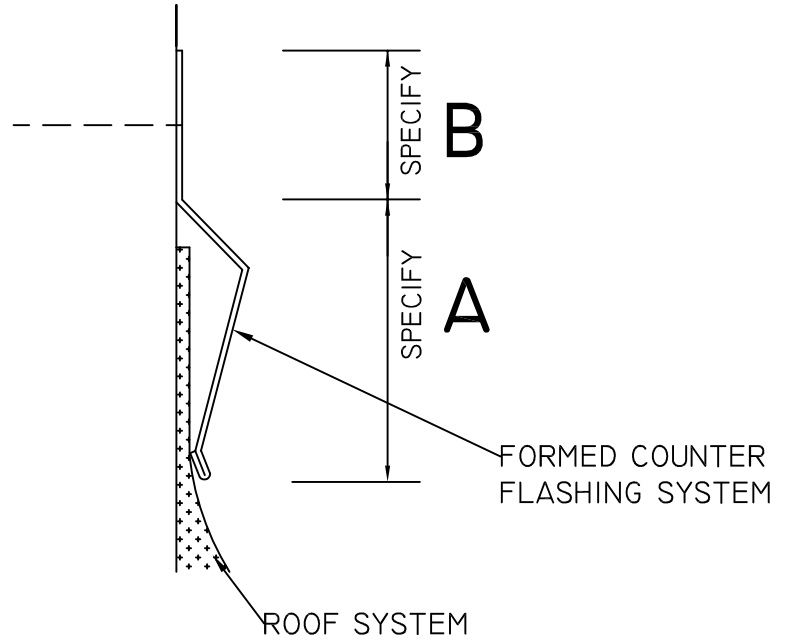
1290 AVIATION BLVD. SUITE 200
 P.O. BOX 630
 HEBRON, KY 41048

AP ONE PIECE COUNTER FLASHING SYSTEM

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

QUANTITY

- ___ FT. TOTAL PERIMETER
- ___ PCS STOCK @ 10'0"
- ___ PCS STD. O.S. CORNER
- ___ PCS STD. I.S. CORNER
- ___ PCS SPEC. CORNER
(ATTACH SKETCHES)



AP ONE PIECE COUNTER FLASHING SYSTEM

DETAIL _____	ARCH'L REF. _____	DESCRIPTION _____	
SIZES	GAUGE	MATERIAL	FINISH
A= _____	<input type="checkbox"/> .032"	<input type="checkbox"/> ALUMINUM	<input type="checkbox"/> MILL FINISH
B= _____	<input type="checkbox"/> .040"	<input type="checkbox"/> GALV STEEL	<input type="checkbox"/> KYNAR 500
	<input type="checkbox"/> 24 GA	<input type="checkbox"/> STAINLESS STEEL	<input type="checkbox"/> CLEAR ANODIZED
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> BRONZE ANODIZED
			<input type="checkbox"/> BLACK ANODIZED
			<input type="checkbox"/> _____
COLOR _____			
TRANSMITTAL		CUSTOMER APPROVAL	
<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		<input type="checkbox"/> APPROVED FOR FABRICATION <input type="checkbox"/> APPROVED WITH CHANGES _____ AUTHORIZED CUSTOMER SIGNATURE <input type="checkbox"/> DISAPPROVED, RESUBMIT	
BY _____ DATE _____		_____ TITLE DATE	
JOB NAME		JOB #	
LOCATION		SHEET OF	
CUSTOMER		BY	
REPRESENTATIVE		DATE	
ARCHITECT			