

# ARCHITECTURAL PRODUCTS COMPANY

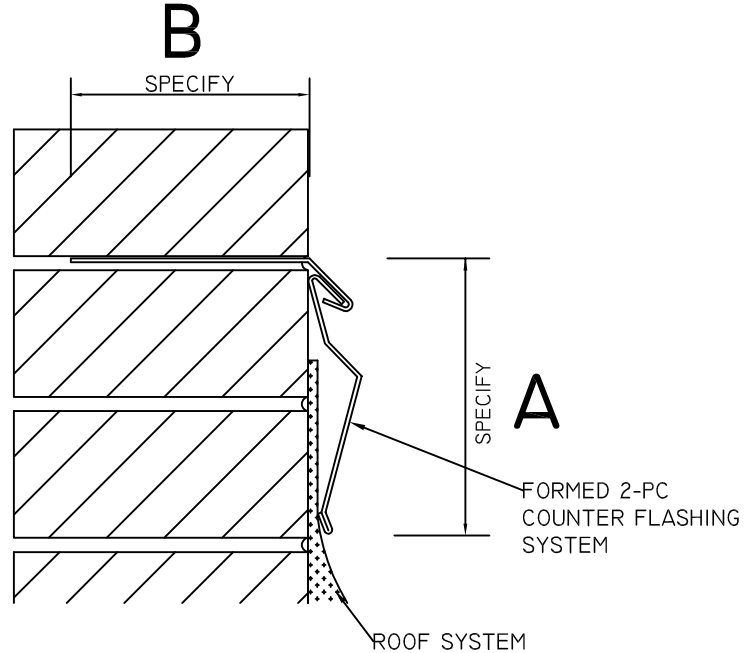
1290 AVIATION BLVD. SUITE 200  
 P.O. BOX 630  
 HEBRON, KY 41048

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

AP TWO PIECE COUNTER FLASHING SYSTEM

**QUANTITY**

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



## AP TWO 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 _____			
<p><b>TRANSMITTAL</b></p> <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 _____		<p><b>CUSTOMER APPROVAL</b></p> <input type="checkbox"/> APPROVED FOR FABRICATION <input type="checkbox"/> APPROVED WITH CHANGES      _____ <input type="checkbox"/> DISAPPROVED, RESUBMIT        AUTHORIZED CUSTOMER SIGNATURE  _____ TITLE                                      DATE	
JOB NAME		JOB #	
LOCATION		SHEET      OF	
CUSTOMER		BY	
REPRESENTATIVE		DATE	
ARCHITECT			