

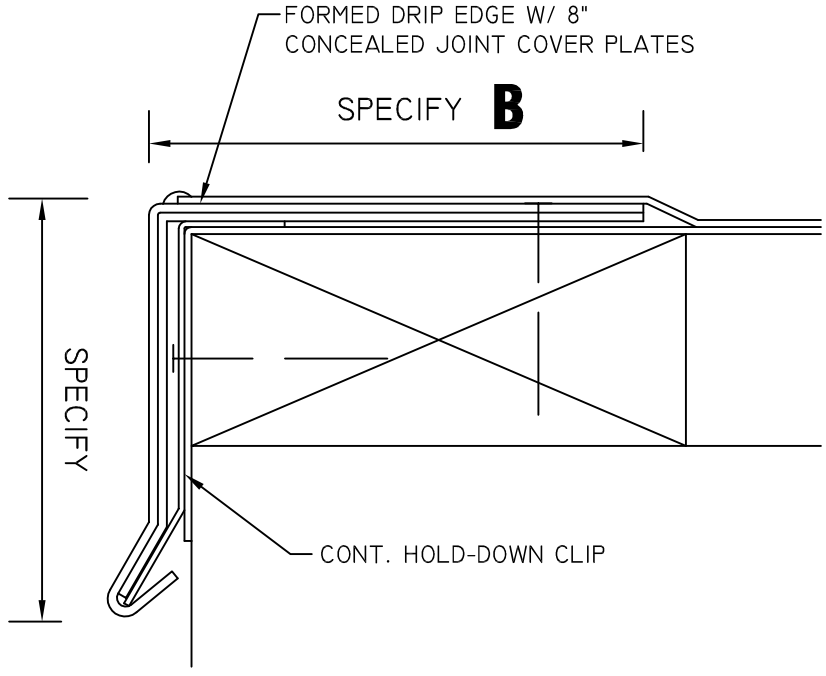
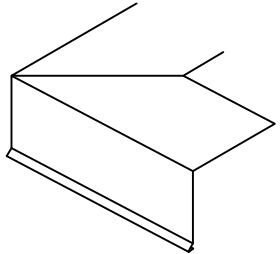


ARCHITECTURAL PRODUCTS COMPANY

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

QUANTITY

- ___ FT. TOTAL PERIMETER
- ___ PCS STOCK @ 10'0"
- ___ PCS STD. O.S. CORNER
- ___ PCS STD. I.S. CORNER
- ___ PCS SPEC. CORNER (ATTACH SKETCHES)
- ___ PCS END CAP - L
- ___ PCS ENDCAP - R
- ___ PCS END TERM - L
- ___ PCS END TERM - R



WELDED CORNERS (ALUM.)
 NORLOCKED CORNERS (STEEL)

FORMED DRIP EDGE

DETAIL _____	ARCH'L REF. _____	DESCRIPTION _____	
SIZE	GAUGE	MATERIAL	FINISH
A= _____	<input type="checkbox"/> .050	<input type="checkbox"/> ALUMINUM	<input type="checkbox"/> MILL FINISH
B= _____	<input type="checkbox"/> .063	<input type="checkbox"/> GALV STEEL	<input type="checkbox"/> KYNAR 500
	<input type="checkbox"/> .080	<input type="checkbox"/> STAINLESS STEEL	<input type="checkbox"/> CLEAR ANODIZED
	<input type="checkbox"/> 24 GA	<input type="checkbox"/> _____	<input type="checkbox"/> BRONZE ANODIZED
	<input type="checkbox"/> 22 GA		<input type="checkbox"/> BLACK ANODIZED
	<input type="checkbox"/> _____		<input type="checkbox"/> _____
COLOR _____			

TRANSMITTAL

REQUEST FOR QUOTATION REQUEST FOR INFORMATION
 SUBMIT AS QUOTATION CONFIRMING TELCON
 SUBMIT FOR APPROVAL FOR YOUR FILES

BY _____ DATE _____

CUSTOMER APPROVAL

APPROVED FOR FABRICATION
 APPROVED WITH CHANGES _____ AUTHORIZED CUSTOMER SIGNATURE
 DISAPPROVED, RESUBMIT

_____ TITLE _____ DATE _____

JOB NAME	JOB #
LOCATION	SHEET OF
CUSTOMER	BY
REPRESENTATIVE	DATE
ARCHITECT	