



# ARCHITECTURAL PRODUCTS COMPANY

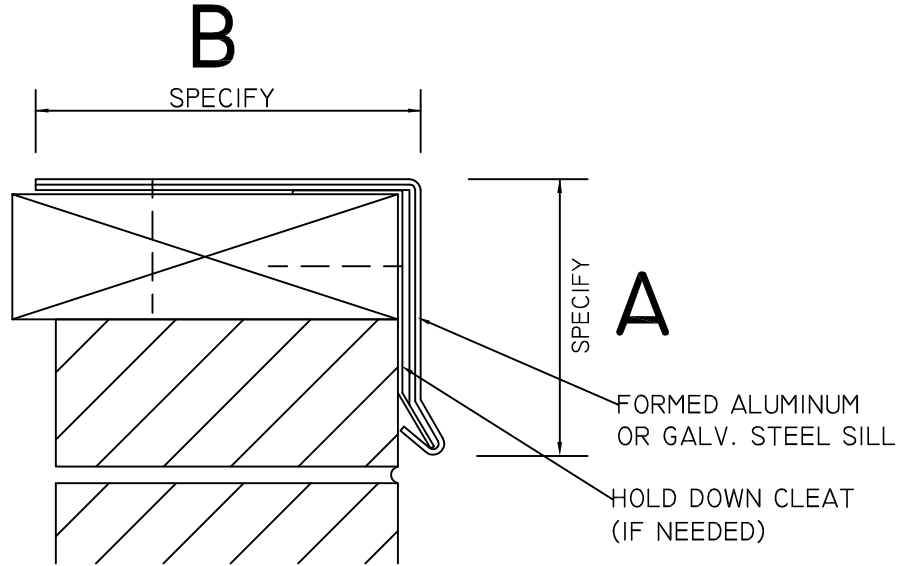
1290 AVIATION BLVD. SUITE 200  
 P.O. BOX 630  
 HEBRON, KY 41048

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

AP SILL

QUANTITY

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



## AP SILL

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"/> .050	<input type="checkbox"/> STAINLESS STEEL	<input type="checkbox"/> CLEAR ANODIZED
	<input type="checkbox"/> .063	<input type="checkbox"/> _____	<input type="checkbox"/> BRONZE ANODIZED
	<input type="checkbox"/> 24 GA		<input type="checkbox"/> BLACK ANODIZED
	<input type="checkbox"/> _____		<input type="checkbox"/> _____
		COLOR _____	
<b>TRANSMITTAL</b>		<b>CUSTOMER APPROVAL</b>	
<input type="checkbox"/> REQUEST FOR QUOTATION	<input type="checkbox"/> REQUEST FOR INFORMATION	<input type="checkbox"/> APPROVED FOR FABRICATION	_____ AUTHORIZED CUSTOMER SIGNATURE
<input type="checkbox"/> SUBMIT AS QUOTATION	<input type="checkbox"/> CONFIRMING TELCON	<input type="checkbox"/> APPROVED WITH CHANGES	
<input type="checkbox"/> SUBMIT FOR APPROVAL	<input type="checkbox"/> FOR YOUR FILES	<input type="checkbox"/> DISAPPROVED, RESUBMIT	
BY _____	DATE _____	_____	_____
		TITLE _____	DATE _____
JOB NAME _____		JOB # _____	
LOCATION _____		SHEET _____ OF _____	
CUSTOMER _____		BY _____	
REPRESENTATIVE _____		DATE _____	
ARCHITECT _____			