



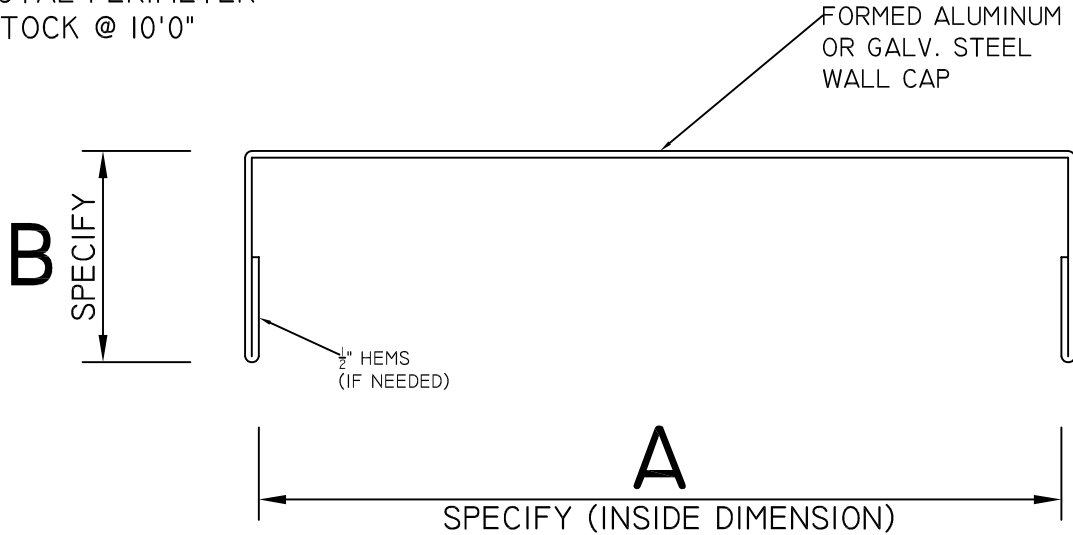
ARCHITECTURAL PRODUCTS COMPANY

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"



AP WALL CAPS

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 _____	
TRANSMITTAL <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 _____		CUSTOMER APPROVAL <input type="checkbox"/> APPROVED FOR FABRICATION <input type="checkbox"/> APPROVED WITH CHANGES _____ <input type="checkbox"/> DISAPPROVED, RESUBMIT AUTHORIZED CUSTOMER SIGNATURE <div style="display: flex; justify-content: space-between;"> TITLE _____ DATE _____ </div>	
JOB NAME		JOB #	
LOCATION		SHEET OF	
CUSTOMER		BY	
REPRESENTATIVE		DATE	
ARCHITECT			