

Local: (360) 695-0313 Toll-Free: (800) 810-7666

ORDER DATE	CC	OMPANY NAME					
What type of proje	ect are you interested in	?					
Installed	D.I.Y.	Sold	Quote	Approved			
What products are	you interested to orde	r?					
Shed Cover	Gable Cover	Wind-Wall	Engineeri	ng			
CUSTOMER IN Please complete all	NFORMATION applicable fields.						
Customer Name							
Billing Address							
City							
State		Zip Code					
Telephone (		Country					
Email							
DESTINATION / SITE / SHIPPING  We want to make receiving your Acrylic Patio Cover as easy as possible. The following information will assure your cover arrives where it should and help determine the shipping costs.  Shipping Location Residential Commercial Is there a forklift (or similar) at this location? Yes No							
Project Name		Site	Contact				
Address							
City							
State		Zip Code					
Telephone		Country					
Additional Info							

Shipping will be via freight carrier requiring offloading by recipient. Special unloading equipment may cost extra.



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### GENERAL COVER INFORMATION

Non-standard options may incure additional cost.

What color of acrylic panels?	What	color	of acr	ylic pa	nels?
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Heatstop Cool Blue Solar Cool White

**Preferred T-Bar spacing?** 

(Engineering considerations may limit choice)

48"

24"

What color of framework?

White Brown Black Beige

#### Cover attachment?

1.Raised Roof Mount

2.Roof Mount

3. House Fascia (May require gutter removal)

4.House Wall

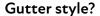
**5.Free Standing** (Site-specific Engineering required)

#### What beam style?

Box

None





Low Profile

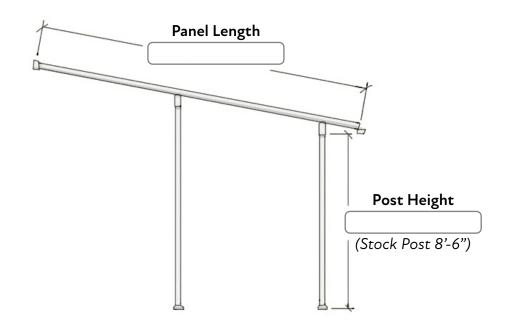
No Gutter

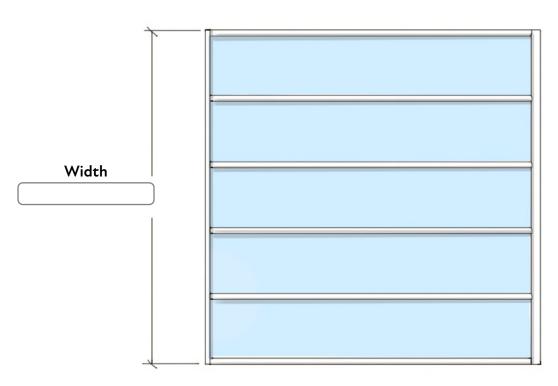


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## SHED LAYOUT INFORMATION

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### **GABLE LAYOUT INFORMATION**

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