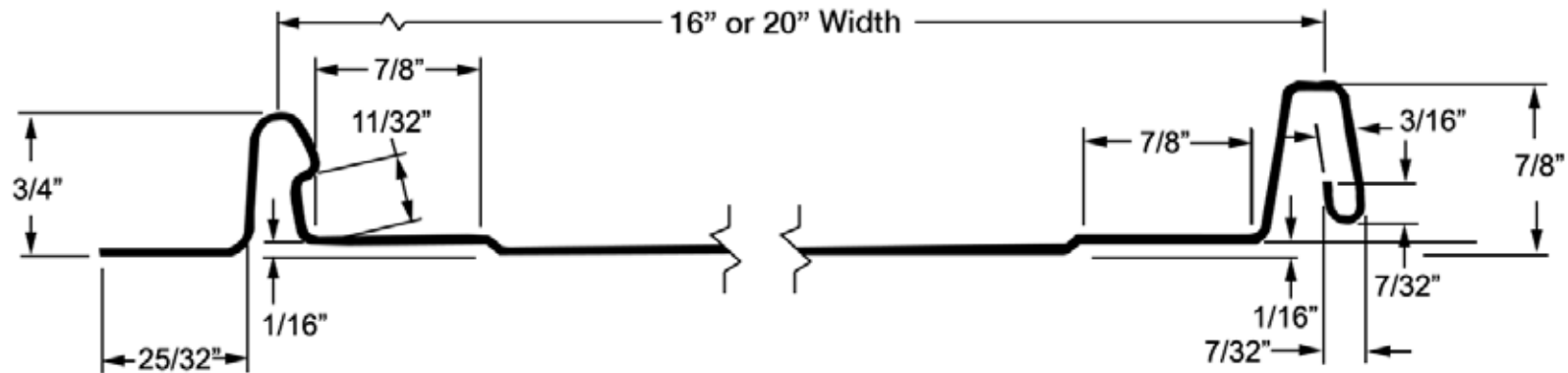


Nail Flange Quote/Order Form

Project Name: _____	Date: _____	Sheet ____ of ____
Customer Name: _____	Customer Contact: _____	
Phone: _____	Email: _____	



Material:

- | | |
|--|---|
| <input type="checkbox"/> 22 Ga Steel | <input type="checkbox"/> 24 Ga. Steel |
| <input type="checkbox"/> 26 Ga. Steel | |
| <input type="checkbox"/> .032 Aluminum | <input type="checkbox"/> .040" Aluminum |

Color: _____

Check Color Matrix For Availability

Options:

- | | | |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> 16" | <input type="checkbox"/> 20" | * Call for Premium Widths |
| <input type="checkbox"/> Stiffening Ribs | <input type="checkbox"/> Pencil Ribs | <input type="checkbox"/> Striations |

Please provide Quantities and Dimensions Cut List on back

Cut List:

Quantity

Length