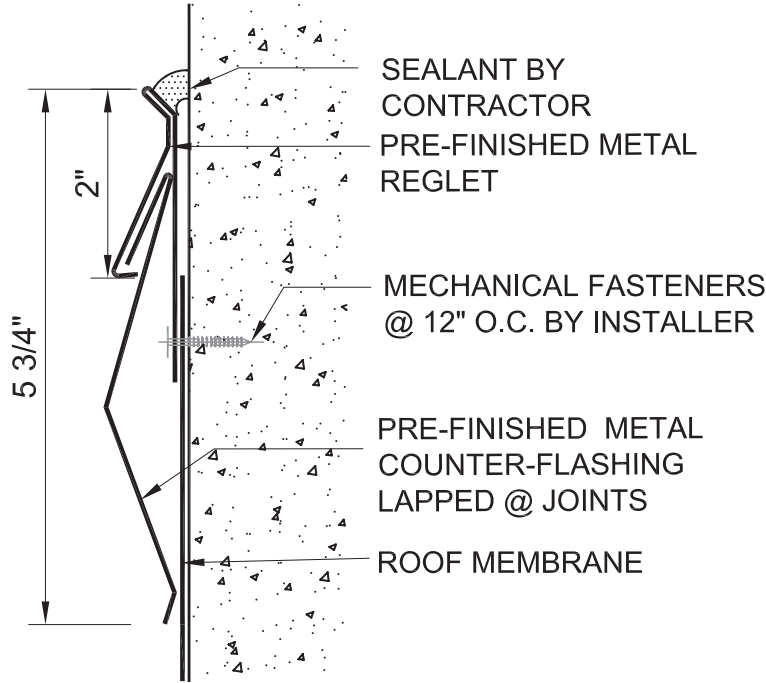




# Concealed Mount Reglet

## Order Specification Form



| QUANTITY             |          | CAP MATERIAL   | THICKNESS   | CORNER TYPE   | CAP FINISH   |
|----------------------|----------|--|---|---|--|
| <input type="text"/> | Total LF | <input type="checkbox"/> Aluminum<br><input type="checkbox"/> Galvanized<br><input type="checkbox"/> _____ | <input type="checkbox"/> 0.032<br><input type="checkbox"/> 24GA<br><input type="checkbox"/> _____ | <b>Factory Fabricated<br/>Corners are Not Available</b> | <input type="checkbox"/> Mill Finish<br><input type="checkbox"/> Prefinished Kynar<br><input type="checkbox"/> Post Finished Kynar<br><input type="checkbox"/> Prefinished Anodized<br><input type="checkbox"/> Post Finished Anodized<br><input type="checkbox"/> _____ |
| <b>COLOR</b>         |          |  |   |   |  |

|  |                         |   |  |
|--|-------------------------|---|--|
| <b>APPROVALS:</b> Contact manufacturer for verification of test report data on your project. |                         | <b>CUSTOMER APPROVAL</b>                                      |  |
|  |                         |   |  |
| Florida Product Approval #FL7424   | NOA#14-1202.08          | Authorized Customer Signature _____<br>Title _____ Date _____ |  |
| Job Name: _____  | Job #: _____            | By: _____   |  |
| Customer: _____  | Project Location: _____ | Date: _____   |  |
| Representative: _____  | Architect: _____        | Sheet _____ of _____  |  |



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