



1160 W 16th Street  
Indianapolis IN 46202  
317-257-1869

## Awning Complete or Kit Request Form

Company Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Project Information

Project Reference Name: \_\_\_\_\_  
 Project Location: \_\_\_\_\_  
 Completion Date: \_\_\_\_\_ Purchase Order #: \_\_\_\_\_  
 Notes: \_\_\_\_\_

### Work Description

<input type="checkbox"/> BOX 	<input type="checkbox"/> SHED 	<input type="checkbox"/> SLANT 
<input type="checkbox"/> CONVEX 	<input type="checkbox"/> WATERFALL 	<input type="checkbox"/> WATERFALL W/ DOME ENDS 
<input type="checkbox"/> CONVEX W/ DOME ENDS 	<input type="checkbox"/> DOME 	<input type="checkbox"/> DOME W/ SIGN PANEL 
<input type="checkbox"/> EXTENDED DOME W/ SIGN PANEL 	<input type="checkbox"/> SLANT/"T" 	<input type="checkbox"/> RADIUS MARQUEE 

Check the Awning Style (left) Complete / Kit  
 Circle one  
 Height \_\_\_\_\_ Projection \_\_\_\_\_ Width \_\_\_\_\_  
 Signband \_\_\_\_\_ Valance Rigid Loose  
 Wave Key V Cut Straight  
 Fabric Manufacture \_\_\_\_\_ Color \_\_\_\_\_  
 Trim No Yes Color \_\_\_\_\_  
 Graphics **No Yes** Vinyl Paint Fram **No Yes** Digital **Color** \_\_\_\_\_  
 Lighting No Yes Eggcrate Yes No Eggcrate Ready Yes No  
 No Weld Clips No Yes Hang Clips No Yes  
 Quantity \_\_\_\_\_  
 Additional Awnings No Yes Please use separate sheet for each size and type  
 Quote Page \_\_\_\_\_ of \_\_\_\_\_

#### Survey and Install Required

Location Address: \_\_\_\_\_  
 Business Name and Contact \_\_\_\_\_