

RETURN WALL PAD ORDER FORM

Complete and return this order form along with any other Order Forms for this project.

- Fill out a separate order form for each cab that is different in size.
- Some fields below are duplicated on other order forms. Ensure dimensions are not conflicting.
- Please include pictures of return wall(s) along with this order form.

Date: _____ Company: _____

Your Name: _____

Email: _____ Mobile: _____

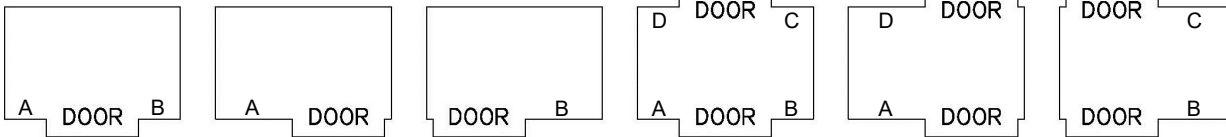
Job Name: _____

Quantity of Cabs: _____ Cab Identification Number(s): _____

Note: Measurements should be taken at job site, not from drawings (excluding new construction projects). Enter all dimensions in inches, not feet. Based on dimensions provided, pads will be -3" in width, 4" AFF (per code), and down from canopy/soffit/ceiling as needed.

1. Cab Layout:

- 1 2 3 4 5 6 7 (Other)

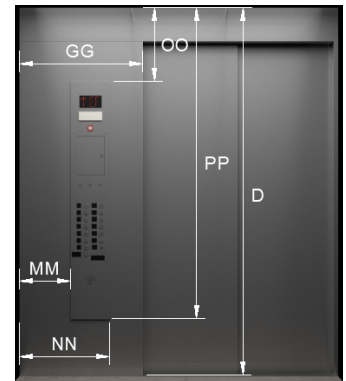


2. Return Wall Dimensions:

Does a transom or soffit protrude into the cab that will restrict the pad height? No Yes

Inside cab / return wall height (Or if "Yes" above: Floor to transom / soffit) D _____

	Wall A	Wall B	Wall C	Wall D
Return wall width (inches)	GG _____	GG _____	GG _____	GG _____



3. COP Pad Cutout Dimensions (if required):

(Any cutouts in panels to be done in the field)

	Wall A	Wall B	Wall C	Wall D
Left edge to left of COP	MM _____	MM _____	MM _____	MM _____
Left edge to right of COP	NN _____	NN _____	NN _____	NN _____
Canopy to top of COP	OO _____	OO _____	OO _____	OO _____
Canopy to bottom of COP	PP _____	PP _____	PP _____	PP _____

4. Existing Pad Stud Locations (if retaining):

	Wall A	Wall B	Wall C	Wall D
Top of wall to center of stud	QQ _____			
Left edge to center of stud 1	RR _____	RR _____	RR _____	RR _____
Left edge to center of stud 2	SS _____	SS _____	SS _____	SS _____
Left edge to center of stud 3	TT _____	TT _____	TT _____	TT _____

