

ARCHITECTURAL PRODUCTS COMPANY

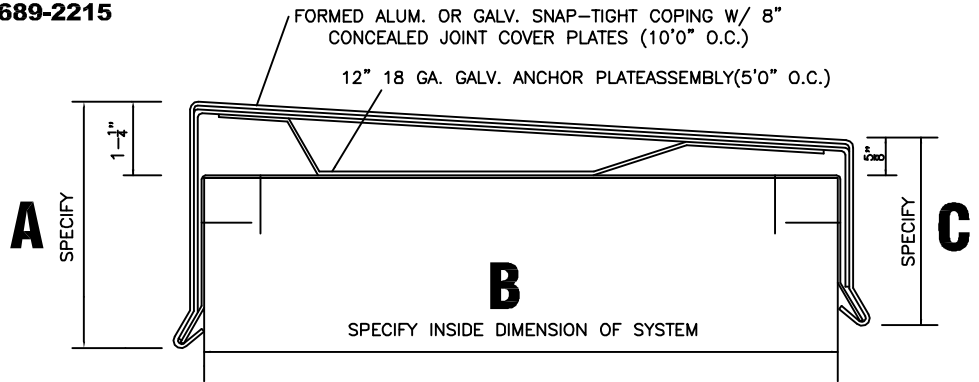
AP SNAP-TIGHT COPING

1290 AVIATION BLVD. SUITE 200
 P.O. BOX 630
 HEBRON, KY 41048

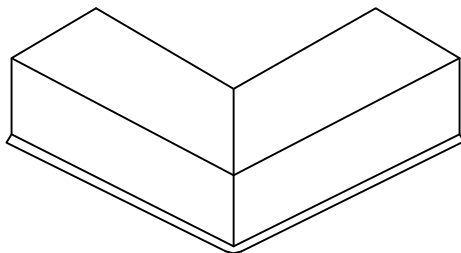
KY (859) 689-2210 OUT STATE (800) 837-1001
FAX (859) 689-2215

QUANTITY

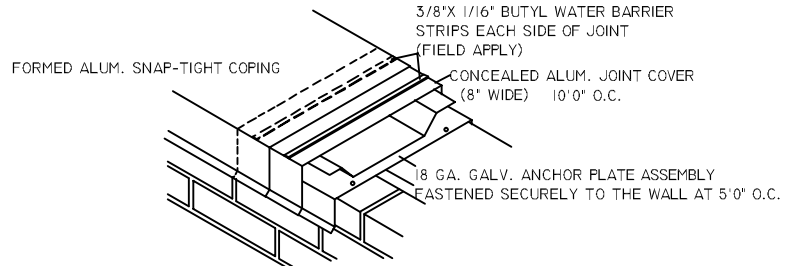
- ___ FT. TOTAL PERIMETER
- ___ PCS STOCK @ 10'0"
- ___ PCS STD. O.S. CORNER
- ___ PCS STD. I.S. CORNER
- ___ PCS SPEC. CORNER (ATTACH SKETCHES)
- ___ PCS END CAP - L
- ___ PCS ENDCAP - R
- ___ PCS END TERM - L
- ___ PCS END TERM - R



AP SNAP-TIGHT COPING



WELDED CORNERS



COPING ISOMETRIC

DETAIL _____	ARCH'L REF. _____	DESCRIPTION _____
SIZE	GAUGE	MATERIAL
A= _____	<input type="checkbox"/> .050	<input type="checkbox"/> ALUMINUM
B= _____	<input type="checkbox"/> .063	<input type="checkbox"/> GALV STEEL
C= _____	<input type="checkbox"/> .080	<input type="checkbox"/> STAINLESS STEEL
	<input type="checkbox"/> 24 GA	<input type="checkbox"/> _____
	<input type="checkbox"/> 22 GA	
	<input type="checkbox"/> _____	
COLOR _____		
TRANSMITTAL <input type="checkbox"/> REQUEST FOR QUOTATION <input type="checkbox"/> REQUEST FOR INFORMATION <input type="checkbox"/> SUBMIT AS QUOTATION <input type="checkbox"/> CONFIRMING TELCON <input type="checkbox"/> SUBMIT FOR APPROVAL <input type="checkbox"/> FOR YOUR FILES BY _____ DATE _____		CUSTOMER APPROVAL <input type="checkbox"/> APPROVED FOR FABRICATION <input type="checkbox"/> APPROVED WITH CHANGES _____ <input type="checkbox"/> DISAPPROVED, RESUBMIT AUTHORIZED CUSTOMER SIGNATURE _____ TITLE DATE
JOB NAME		JOB #
LOCATION		SHEET OF
CUSTOMER		BY
REPRESENTATIVE		DATE
ARCHITECT		