|  |  |  |
| --- | --- | --- |
| New GAP Logo_small  1551 Mt. Rose Avenue  York, PA 17403  717 849 8100 | CHECK HERE IF NONE REQUIRED  **PROJECT NAME:**  **PROJECT NUMBER:** | |
| Requested By: | | Date: |
| Customer: | | GAP Rep.: |
| Ship to Address: | | |
| Customer Email Address: | | Customer Telephone: |
| **Product: Please supply project specification if available**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Series | Style | AAMA Rating | Product Data/Details  (Yes/No) | Test Reports  (Yes/No) | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   Other Requirements: | | |
| **Glazing, Panels and Louvers:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Glass Type | Exterior Lite | Interior Lite | Air Space | Performance  Data (Yes/No) | Qty. | | GL-1 |  |  |  |  |  | | GL-2 |  |  |  |  |  | | GL-3 |  |  |  |  |  | | GL-4 |  |  |  |  |  |   Other Requirements (Include panel or louver info if applicable): | | |
| **Finish:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Finish Type | AAMA Desig.: I.E.  2603, 2604,2605, 611 | Color Description. | Color Chart  (Yes/No) | Samples  (Yes/No) | UC# | Qty. | | F-1 |  |  |  |  |  |  | | F-2 |  |  |  |  |  |  | | F-3 |  |  |  |  |  |  |   Other Requirements: | | |
| **Miscellaneous Items:**   |  |  |  | | --- | --- | --- | | ITEM | ITEM DESCRIPTION | QTY. | | Sample Warranty |  |  | | Venetian Blind Chrt. |  |  | | Hardware A |  |  | | Hardware B |  |  | | Hardware C |  |  |   LEEDS Requirements: (Yes / No)  Describe what is needed: | | |