|  |  |
| --- | --- |
| New GAP Logo_small 1551 Mt. Rose AvenueYork, PA 17403717 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) |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |

Other Requirements:        |
| **Glazing, Panels and Louvers:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Glass Type | Exterior Lite | Interior Lite | Air Space | PerformanceData (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:        |