



Custom Folding Requisition

Date & Time Ordered: _____

Date & Time Required: _____

First Name: _____ Last Name: _____

Company Name: (If applicable): _____

Job Name/P.O.#: _____ Contact Telephone #: () - _____

Indicate colored side with: ⊗

Profile 1:	Color:	Brand:	Lineal Feet:
Profile 2:	Color:	Brand:	Lineal Feet:
Profile 3:	Color:	Brand:	Lineal Feet:
Profile 4:	Color:	Brand:	Lineal Feet:

<p>Profile 1 Al St Co</p> <p>Approval check ____</p> <p>Consistency Check ____</p>	<p>Profile 2 Al St Co</p> <p>Approval check ____</p> <p>Consistency Check ____</p>
<p>Profile 3 Al St Co</p> <p>Approval check ____</p> <p>Consistency Check ____</p>	<p>Profile 4 Al St Co</p> <p>Approval check ____</p> <p>Consistency Check ____</p>

Folded by: _____

Material Used (lin. ft): _____

By signing this folding requisition, I hereby declare the provided measurements are correct and acknowledge I am responsible for payment of the custom folded product upon completion.

Our Guarantee: All material will be folded as specified with all reasonable precaution taken to guarantee the quality and excellence of your purchase.

Customer Signature: _____