

RETROFIT LAYOUT REQUEST FORM

Today's Date _____

Due Date _____

Company _____

Company Location _____

Contact Name _____

Phone _____

Email _____

Requested Product _____

Project Name _____

CABINET SIGN DETAILS

Number of Lamps _____

Length of Lamps _____

Lamp Orientation Vertical Horizontal

Dimensions of Cabinet

Height _____

Width _____

Depth _____

Face Material Acrylic Flex-Face Polycarbonate Other

Face Style Flat Pan-Formed

Face Color _____

Distance of Lamps from Face _____ inches

Distance Between Lamps _____ inches

Is there a Pole? Yes No *If Yes, please provide Qty and Diameter*

_____ diameter/inches

_____ quantity of poles

Single or Double-Sided Single-Faced Double-Faced

Sign Input Voltage 120V 277V Other

CHANNEL LETTER SIGN DETAILS

Letter Height _____

Letter Stroke Width _____

Depth _____

Face Material Acrylic Day / Night Vinyl Overlay

Current Lighting LED Neon

Mount Flush Mounted Raceway Mount Self Contained

Please fill in Channel Letters here:

Notes
