



PRACTICAL SOLUTIONS

Awning Order Form

Name of Project: _____

Street Address: _____

City/State: _____

CODE THIS JURISDICTION USES (REQUIRED): _____

Bill To:

Company: _____

Attention: _____

Street: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Contact Person: _____

Purchase Order # (If Needed) _____

Project Turnaround Time: _____ Regular _____ Rush (50% Surcharge)

Method Of Shipment: _____ Pick-Up _____ U.S. Mail _____ Overnight

Awning Information:

- Framework w/Skin
Framework Material:
Framework Shape:
Thru-Pole w/cabinet
Thru-Pole Material:
Thru Pole Shape:
Desired Size:

Attachment Information:

- Studs Wood Metal Size Spacing
Concrete Wall Thick
CMU Wall Thick
Other: Using:

Ship To:

Company: _____

Attention: _____

Street: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

Number Of Copies: _____

Attachment Type:

- Thru-Bolting
Epoxy Anchor
Lag Bolting
Mechanical Anchor
Additional/Other:

Additional Information:

- Maximum Height from Grade Feet Inches
Width of Awning/Canopy Feet Inches
Length of Awning/Canopy Feet Inches
How Many Poles, if required
Is There a Cross Beam? Yes Size No

Note: Additional information may be required to complete project. Please provide any available drawings or sketches of framework and desired attachments.

Additional Information: _____