

PROJECT INFORMATION FORM

Citadel Architectural Products

PROJECT:

Name: _____ Completion: ____ / ____ / ____

Address: _____ Invoice #: _____

City: _____ State: _____ Zip: _____

PANEL: (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Panel 15® | <input type="checkbox"/> GlazeGuard® 250 |
| <input type="checkbox"/> SinoCore® | <input type="checkbox"/> GlazeGuard® 250 WR |
| <input type="checkbox"/> ProCore™ | <input type="checkbox"/> GlazeGuard® 1000 |
| <input type="checkbox"/> Panel 20® | <input type="checkbox"/> GlazeGuard® 1000 WR |
| <input type="checkbox"/> Envelope 2000® | <input type="checkbox"/> GlazeGuard® 1000 WR+ |
| <input type="checkbox"/> CleanCote® | <input type="checkbox"/> GlazeGuard® 1000 IR |
| <input type="checkbox"/> EnviroGuard™ | <input type="checkbox"/> GlazeGuard® 1000 FR |
| <input type="checkbox"/> Other _____ | |

SYSTEM:

- | |
|---|
| <input type="checkbox"/> One Piece Moldings |
| <input type="checkbox"/> Two Piece Moldings |
| <input type="checkbox"/> Reveal (RV) |
| <input type="checkbox"/> Deep-Reveal (D-RV) |
| <input type="checkbox"/> Rout & Return (RR) |
| <input type="checkbox"/> RainScreen (RS) |
| <input type="checkbox"/> PanelGrip™ |

OTHER:

Color(s): _____	Sq Ft: _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SOLD BY: (representative or distributor)

Company: _____ Contact: _____

ARCHITECT:

Company: _____ Contact: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

FABRICATOR: (if applicable)

Company: _____ Contact: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

INSTALLER:

Company: _____ Contact: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

PLEASE SEND _____ COPIES OF THE WARRANTY:

Via Mail To: _____ Copy Via Email: _____

Allow 7-10 business days for delivery of hardcopies via mail.