

# PROJECT INFORMATION FORM

**PROJECT:**

Name: \_\_\_\_\_ Completion: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Invoice #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PANEL:** (select all that apply)

- SinoCore®
- Envelope 2000®
  
- GlazeGuard® 250 WR
- GlazeGuard® 1000 WR+
- GlazeGuard® 1000 IR
- GlazeGuard® 1300 IR
- Other \_\_\_\_\_

**SYSTEM:**

- One Piece Moldings
- Two Piece Moldings
- Reveal (RV)
- Deep-Reveal (D-RV)
- Rout & Return (RR)
- RainScreen (RS)
- 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.