

## Amerimax Coated Products - Customer Spec Sheet

|                                       |                                         |            |                                           |                                        |
|---------------------------------------|-----------------------------------------|------------|-------------------------------------------|----------------------------------------|
| <input type="checkbox"/> New Order    | <input type="checkbox"/> Repeat Order   | PO# _____  | <input type="checkbox"/> ACP - Helena     | <input type="checkbox"/> ACP - Anaheim |
| <input type="checkbox"/> Toll Invoice | <input type="checkbox"/> Single Invoice | Date _____ | Amerimax Part-Number (ACP Use Only) _____ |                                        |

### Customer Information

|                 |                                     |
|-----------------|-------------------------------------|
| Customer: _____ | Customer Contact: _____             |
| Address: _____  | City: _____ State: _____ Zip: _____ |

### Product Specification Information

|                                                                                                                                                                                   |                                       |                                                                 |                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|---------------------------------|
| Gauge (thickness): _____                                                                                                                                                          | Width: _____                          | Alloy: _____                                                    | Temper: _____                   |
| Top Side Color: _____                                                                                                                                                             | Back Side Color: _____                |                                                                 |                                 |
| Paint Vendor (Top Side): _____                                                                                                                                                    | Paint Vendor (Back Side): _____       |                                                                 |                                 |
| Paint Vendor Code: _____                                                                                                                                                          | Paint Vendor Code: _____              |                                                                 |                                 |
| <input type="checkbox"/> Please check if this order will require a Color Match.<br>(A sample or a specific paint vendor number must be submitted for all new paint developments.) |                                       |                                                                 |                                 |
| Gloss Level:                                                                                                                                                                      | <input type="checkbox"/> Low          | <input type="checkbox"/> Medium                                 | <input type="checkbox"/> High   |
| <input type="checkbox"/> Interior Use                                                                                                                                             | <input type="checkbox"/> Exterior Use | Exposure considerations: _____                                  |                                 |
| Will this product be embossed?                                                                                                                                                    |                                       | If yes, what pattern (Stucco, Rustic Cedar, or Starbrite) _____ |                                 |
| T-Bend Requirements (must check one):                                                                                                                                             |                                       |                                                                 |                                 |
| <input type="checkbox"/> 0T-90                                                                                                                                                    | <input type="checkbox"/> 1T-90        | <input type="checkbox"/> 2T-90                                  | <input type="checkbox"/> 3T-90  |
| <input type="checkbox"/> 0T-180                                                                                                                                                   | <input type="checkbox"/> 1T-180       | <input type="checkbox"/> 2T-180                                 | <input type="checkbox"/> 3T-180 |
| <input type="checkbox"/> No forming                                                                                                                                               |                                       |                                                                 |                                 |
| If the T-Bend is unknown, can a part or drawing be submitted? _____                                                                                                               |                                       |                                                                 |                                 |
| Will this product be laminated (Top or Backside)? _____                                                                                                                           |                                       |                                                                 |                                 |
| End Use: _____                                                                                                                                                                    |                                       | Product Name: _____                                             |                                 |

### Packaging Specifications

|                                                    |                                |                       |                                      |
|----------------------------------------------------|--------------------------------|-----------------------|--------------------------------------|
| <input type="checkbox"/> 16"ID                     | <input type="checkbox"/> 20"ID | Coil (minimum): _____ | <input type="checkbox"/> Eye to Sky  |
| If material is slit how many coils per skid? _____ |                                | Coil (max): _____     | <input type="checkbox"/> Eye to Side |
| Skid weight: _____                                 |                                |                       |                                      |

### Shipping Information

|                              |                                  |                                      |                                      |
|------------------------------|----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Van | <input type="checkbox"/> Flatbed | <input type="checkbox"/> Rear Unload | <input type="checkbox"/> Side Unload |
|------------------------------|----------------------------------|--------------------------------------|--------------------------------------|