

Panel Fabrication Form



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Arc-Fab Contact

Name:

Phone:

Email:

Job Name:		Client Company Address:	
Client Company:		Company Contact Name:	
Job Site Address:		Phone:	Email:
Phone Number:		<input type="checkbox"/> Coils Delivered	<input type="checkbox"/> Coils Picked Up By Arc-Fab
Fabrication Date:	Time:	Notes / Delivery Instructions:	
Type of Panel:			
Metal Color:	Gauge:		
\$ Per SQ:	Delivery Fee:		
		<input type="checkbox"/> Clip Relief	<input type="checkbox"/> Striation
		<input type="checkbox"/> Ribs	<input type="checkbox"/> Butyl Seams
		Approximate Squares(Area):	Accessories: Clips - #: Boxes:
		Metal Material Manufacturer:	Screws - #: Type:
		Number of Coils:	Caulking: Color:
		Total Linear Ft:	Deck Tites:
		Coil Width:	
		Panel Width:	Mechanical Seamers:

Quantity	Ft. & In.	Inches
EXAMPLE @	12' 2"	146"
1) @		
2) @		
3) @		
4) @		
5) @		
6) @		
7) @		
8) @		
9) @		
10) @		
11) @		
12) @		
Totals		

Quantity	Ft. & In.	Inches
13) @		
14) @		
15) @		
16) @		
17) @		
18) @		
19) @		
20) @		
21) @		
22) @		
23) @		
24) @		
25) @		
Totals		

Quantity	Ft. & In.	Inches
26) @		
27) @		
28) @		
29) @		
30) @		
31) @		
32) @		
33) @		
34) @		
35) @		
36) @		
37) @		
38) @		
Totals		

Client accepts panel condition

Signature: _____ Printed Name: _____ Date: _____