## Job Site Information \& Store Profile

Please fill in the dimensions on the diagram, write or circle the answers to the questions, then FAX the completed form to 281-354-2502. We'll contact you with an estimate and an installation schedule. Please call 281.354.1505, if you have any questions.

Store/Company Name: $\qquad$ Store No: $\qquad$
Address: $\qquad$ City: $\qquad$ ST: $\qquad$ Zip: $\qquad$
Phone: $\qquad$ Fax: $\qquad$ E-Mail: $\qquad$
Store Manager: $\qquad$

1. Store Type: Existing: $\qquad$ New Construction: $\qquad$
2. Total number of operating Units: $\qquad$
3. Number of Units OGR will be installed: $\qquad$
4. Number of Service Bays per Store:
5. What covering/coating is on the existing floor in the... Ubay (Upper Bay): $\qquad$ OLR (Office/Lobby/Restroom): $\qquad$
6. Which Color(s) do you want in the:

| UBay: | Red | Black | Gray | Yellow | Blue |
| :--- | :--- | :--- | :--- | :--- | :--- |
| OLR: | Red | Black | Gray | Yellow | Blue |

7. Which profile(s) do you want in the:

| UBay: | Raised-Squares | Sculptured-Flat |
| :--- | :--- | :--- |
| OLR: | Raised-Squares | Sculptured-Flat |

8. Which layout do you want:

All One Color Multiple Colors
9. Approximate Installation Date: $\qquad$
10. Is there any of the following?

| a. Metal Plate | Yes | No |
| :--- | :--- | :--- |
| b. Basement | Yes | No |
| c. Open Grate | Yes | No |
| d. Vending Machines in UBays | Yes | No |
| e. Vending Machines in OLR | Yes | No |
| f. Heat in the Bays | Yes | No |
| nou receive material into the store? | Yes | No |

(10 sq ft of area required; 15 min to unload)
If Yes, is shipping address same as above? Yes No

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