



ORDER FORM

1390 FLASHFOLD™ Vertical Rising Safety System

END USER:	RHC # _____ # of Units: _____ Date: _____
BILL TO: Address: _____ City: _____ State _____ Zip _____ Contact(s): _____ Phone: _____ Fax _____ E-Mail _____ P.O. # _____	SHIP TO: Address: _____ City: _____ State _____ Zip _____ Contact(s): _____ Phone: _____ Fax _____ E-Mail _____ P.O. # _____

CARRIER _____ Requested Ship Date: _____ Firm Date: _____
 Prepaid and Add Collect Prepaid Third Party Billing _____
 Prepaid Special Instructions _____ (address required) City _____ State _____ Zip _____

Unit # / Location: _____ (New Order Form required for EACH unique unit) **Customer Information** Integrator/OEM or End User

1. Opening Width (In Inches): _____ " (inside dimension) Extended Curtain Height (In Inches): _____ " <i>(All dimensions should be rounded up to the nearest 1/4")</i>	4. Long Side Mounting Brackets: <input type="checkbox"/> None <input type="checkbox"/> Two <input type="checkbox"/> Four 5. Curtain Guides: <input type="checkbox"/> No <input type="checkbox"/> Yes 6. 3-Phase Voltage: <input type="checkbox"/> 208 <input type="checkbox"/> 230 <input type="checkbox"/> 460 <input type="checkbox"/> 575
2. Curtain Fabric: <input type="checkbox"/> Weldtex 13 oz. Blue <input type="checkbox"/> Weldtex 13 oz. Yellow <input type="checkbox"/> Weldtex 16 oz. Zebra <input type="checkbox"/> Weldtex 13 oz. Gray <input type="checkbox"/> Weldtex 13 oz. Green <input type="checkbox"/> Hypalon 35 oz. Black	7. Reflective Photo-Eyes: _____ Qty 8. Interrupt Switch: <input type="checkbox"/> No <input type="checkbox"/> Yes 9. Sensing Edge: <input type="checkbox"/> No <input type="checkbox"/> Yes
3. Vision: <input type="checkbox"/> No <input type="checkbox"/> Yes Vision Height : _____ "(24 min from top to top of vision) <input type="checkbox"/> PVC 14 MIL, Blue <input type="checkbox"/> PVC 14 MIL, Orange <input type="checkbox"/> PVC 14 MIL, Gray <input type="checkbox"/> PVC 14 MIL, Yellow <input type="checkbox"/> PVC 14 MIL, Green <input type="checkbox"/> PVC 14 MIL, Shade 8	10. Relay Control Box: <input type="checkbox"/> No <input type="checkbox"/> Yes 11. Total Order: \$ _____ 12. Entering Regional Manager: _____

Customer Approval: Name: _____ Date: _____

Comments: