



# ORDER FORM

1390 FLASHFOLD™ Vertical Rising Safety System

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

<p><b>1. Opening Width (In Inches):</b> _____ " (inside dimension) <b>Extended Curtain Height (In Inches):</b> _____ " <i>(All dimensions should be rounded up to the nearest 1/4" )</i></p> <p><b>2. Curtain Fabric:</b>    <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</p> <p><b>3. Vision:</b>    <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</p>	<p><b>4. Long Side Mounting Brackets:</b>    <input type="checkbox"/> None    <input type="checkbox"/> Two    <input type="checkbox"/> Four</p> <p><b>5. Curtain Guides:</b>    <input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p><b>6. 3-Phase Voltage:</b>    <input type="checkbox"/> 208    <input type="checkbox"/> 230    <input type="checkbox"/> 460    <input type="checkbox"/> 575</p> <p><b>7. Reflective Photo-Eyes:</b>    _____ Qty</p> <p><b>8. Interrupt Switch:</b>    <input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p><b>9. Sensing Edge:</b>    <input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p><b>10. Relay Control Box:</b>    <input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p><b>11. Total Order: \$</b> _____</p> <p><b>12. Entering Regional Manager:</b> _____</p>
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*Customer*  
Approval: Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:**