



Drop-off Form

Date: *mm/dd/yy*

Company:

Customer/Job#:

Contact Name:

Contact Phone #: (____) ____ - ____

COLOR INTERIOR:

COLOR EXTERIOR:

ITEM 1	ITEM 2		
<ul style="list-style-type: none"> <input type="checkbox"/> LH <input type="checkbox"/> RH <input type="checkbox"/> INSWING <input type="checkbox"/> OURSWING <input type="checkbox"/> SMOOTHIE <input type="checkbox"/> STEEL <input type="checkbox"/> TEXTURED FIBER <input type="checkbox"/> PVC <input type="checkbox"/> COMMERCIAL STEEL <input type="checkbox"/> ALUMINUM <input type="checkbox"/> JAMB REMOVAL <input type="checkbox"/> INSERT-REMOVE & REINSTALL <input type="checkbox"/> REPAIRS <input type="checkbox"/> STRIP PAINT 	<ul style="list-style-type: none"> <input type="checkbox"/> LH <input type="checkbox"/> RH <input type="checkbox"/> INSWING <input type="checkbox"/> OURSWING <input type="checkbox"/> SMOOTHIE <input type="checkbox"/> STEEL <input type="checkbox"/> TEXTURED FIBER <input type="checkbox"/> PVC <input type="checkbox"/> COMMERCIAL STEEL <input type="checkbox"/> ALUMINUM <input type="checkbox"/> JAMB REMOVAL <input type="checkbox"/> INSERT-REMOVE & REINSTALL <input type="checkbox"/> REPAIRS <input type="checkbox"/> STRIP PAINT 		
<p>OTHER RELEVANT INFORMATION</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> DOORS <input type="checkbox"/> HOW MANY PIECES: _____ <input type="checkbox"/> SIDELITE <input type="checkbox"/> JAMB <input type="checkbox"/> FRAME </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> INSERT FRAME LOOSE <input type="checkbox"/> REMOVE INSERT FRAME TO PAINT SEPARATE YES/NO <input type="checkbox"/> SWEEP <input type="checkbox"/> ASTRAGAL </td> </tr> </table>		<ul style="list-style-type: none"> <input type="checkbox"/> DOORS <input type="checkbox"/> HOW MANY PIECES: _____ <input type="checkbox"/> SIDELITE <input type="checkbox"/> JAMB <input type="checkbox"/> FRAME 	<ul style="list-style-type: none"> <input type="checkbox"/> INSERT FRAME LOOSE <input type="checkbox"/> REMOVE INSERT FRAME TO PAINT SEPARATE YES/NO <input type="checkbox"/> SWEEP <input type="checkbox"/> ASTRAGAL
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<p>I have verified the information above.</p>	<p>Name: _____</p> <p>Signature: _____</p>		
<p>Courier:</p>	<p>Courier Phone: (____) ____ - ____</p>		
<p>Received at Chameleon TopCoatings Ltd. by:</p> <p>Date: <i>mm/dd/yy</i></p>			

By signing this form, you agree that all the information listed above is correct.

Signature: _____