

COPING SELECTION

Sales Rep: _____

Date: _____

Customer Information:

Name

Address

City

State

Zip Code

Contact

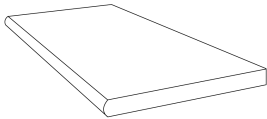
Phone number

e-mail

Obs.

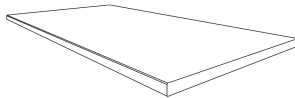
Selection

**COPING
FULL ROUND
BULLNOSE**



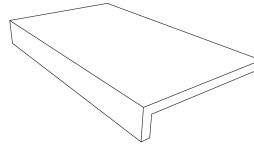
Size, Side, Thickness
and Details

**COPING
EASED EDGE
TOP AND
BOTTON**



Size, Side, Thickness
and Details

**REMODEL
COPING**

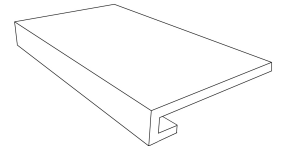


4" STANDARD FACE

CUSTOM

Size, Side, Thickness and Details

**COPING WITH
RETURN**



Size, Side, Thickness and
Details

Approved by: _____

Signature: _____

All sales reps must complete this form in order to start Coping fabrication.
No fabrication will start until we have this form completed.