

Order Form

What make Masking Units _____
 What Model _____
 What is the total Height _____
 How Many Lanes _____
 Do you have spacer panels **Yes No**
 What are the Measurements _____
 How many spacer panels _____

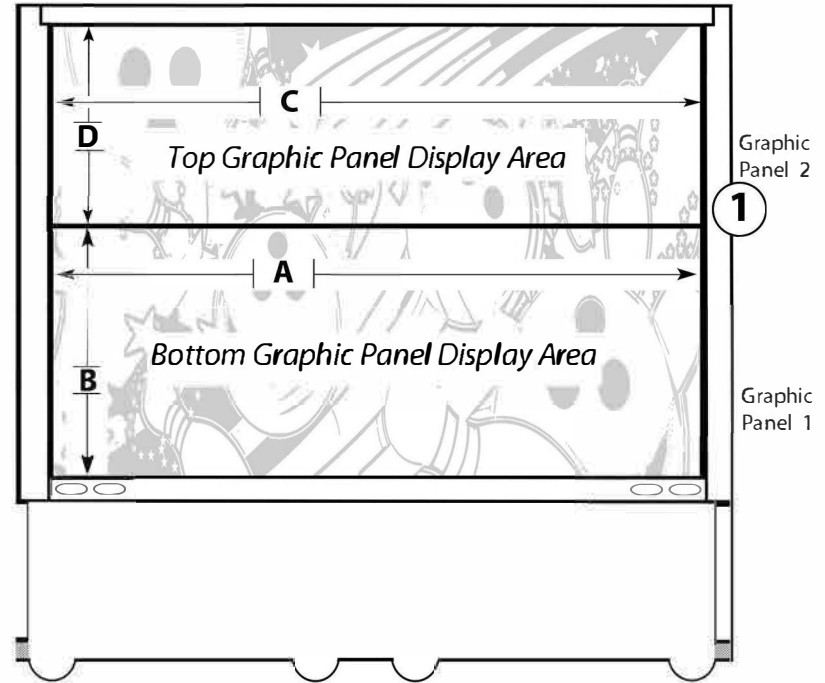
Glow enhanced
 (for centers with black lights)

Yes
 No

Dimension **A** _____
 Dimension **B** _____
 Dimension **C** _____
 Dimension **D** _____

What is the existing panel thickness _____?

Are the 1st & 2nd ball lights located on the **printed graphic area**
 or on the **panel frame** _____?



Graphic Selection Side #1 _____

Graphic Selection Side #2 _____

Center Name _____ Date _____
 Address _____
 City, State, Zip Code _____
 Contact Person _____
 Contact Phone _____
 Email Address _____

Each Masking Unit panel comes standard with graphics on both sides.
 Please choose a graphic for side # 1 and side # 2

X

Customer Approval