



TEL# 877-269-1248 FAX# 714-596-2866

THE SUM OF OPPOSING SIDES MUST BE EQUAL FOR ALL CORNERS TO BE 90°

CUSTOM DOUBLE LIP - RIGHT TEMPLATE



- Round Corners
- Straight Corners
- Beveled Edge
- Noted on DWG

STANDARD SIZES TO CUT FROM

- | | | | | | | | |
|--------------------------------|--------------------------------|---------------------------------|-----------------------------------|----------------------------------|----------------------------------|-----------------------------------|--------------------------------|
| 36x48 <input type="checkbox"/> | 45x53 <input type="checkbox"/> | *46x60 <input type="checkbox"/> | ***48x48 <input type="checkbox"/> | 48x60 <input type="checkbox"/> | 48x72 <input type="checkbox"/> | 48x96 <input type="checkbox"/> | 60x60 <input type="checkbox"/> |
| 60x72 <input type="checkbox"/> | 60x84 <input type="checkbox"/> | 60x96 <input type="checkbox"/> | *60x120 <input type="checkbox"/> | **72x72 <input type="checkbox"/> | **72x96 <input type="checkbox"/> | **72x120 <input type="checkbox"/> | |

* (ROLLAMAT, SUPERMAT, NON-STUDDED ONLY)

** (ULTRAMAT AND ROLLAMAT ONLY)

*** (EXECUMAT ONLY)

PLEASE CHECK YOUR MAT TYPE BELOW

- | | | | | | | |
|------------------------------------------------|------------------------------------------------|---------------------------------------------------|------------------------------------------------|------------------------------------------------|---------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> EXECUMAT (EX) 300 mil | <input type="checkbox"/> ULTRAMAT (UL) 220 mil | <input type="checkbox"/> GLASS CLEAR (GC) 220 mil | <input type="checkbox"/> ROLLAMAT (RO) 190 mil | <input type="checkbox"/> SUPERMAT (SU) 150 mil | <input type="checkbox"/> NON STUDDED (EV) 150 mil | <input type="checkbox"/> ANTISTATIC (AS) 145 mil |
|------------------------------------------------|------------------------------------------------|---------------------------------------------------|------------------------------------------------|------------------------------------------------|---------------------------------------------------|--------------------------------------------------|

SHIP TO _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

EMAIL _____

BILL TO _____

SAME AS SHIP TO _____

FAX _____

VISA MC AMEX DISC CALL BACK CARD # _____ EXP (MM/YYYY) _____

TAX APPLICABLE TO CUSTOMERS IN CA ONLY
Custom vinyl products are cut to a tolerance of +/- 1"

