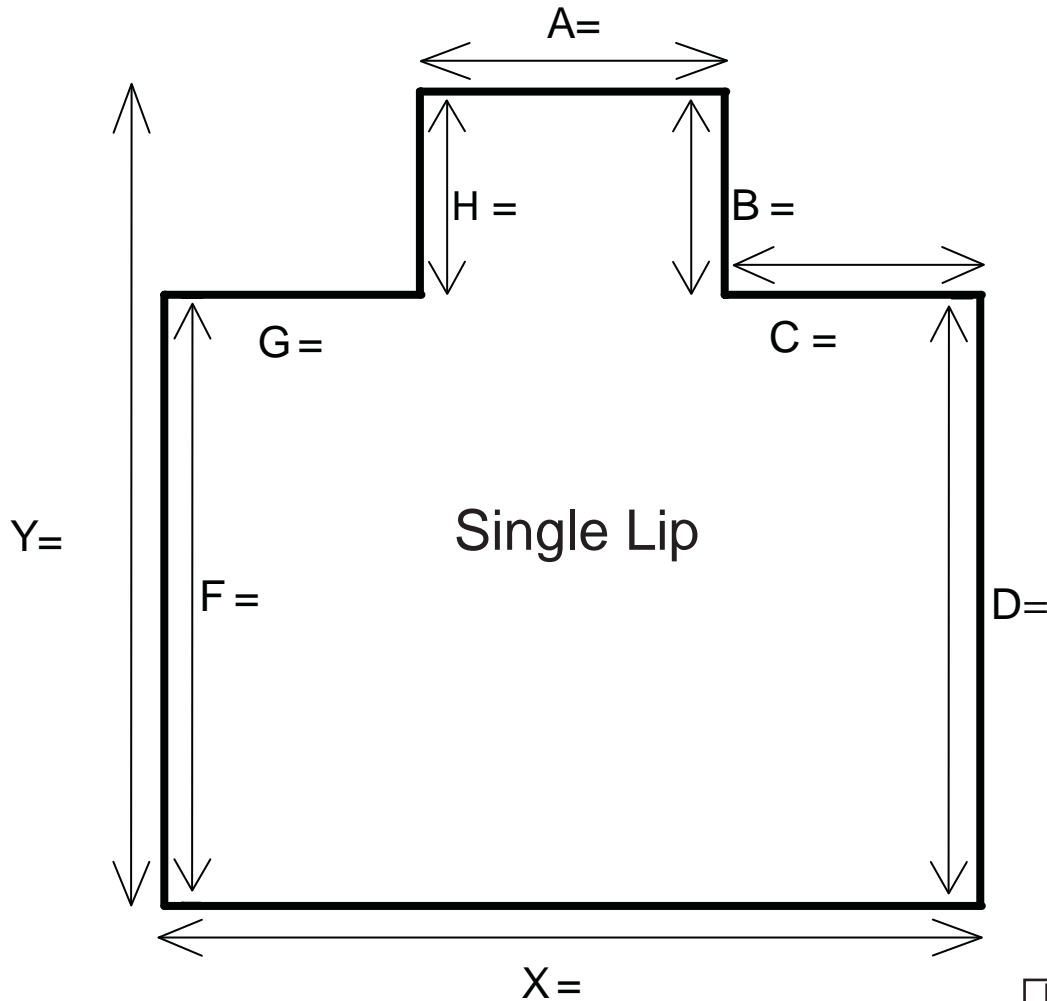




TEL# 877-269-1248 FAX# 714-596-2866

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



- 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"

