




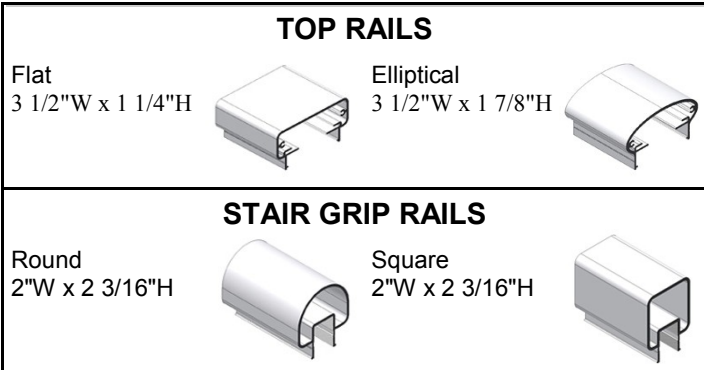
American Metal Specialties, Inc.
www.cablerailings.com
 (253) 272-9344 (888) 372-9344
 (253) 627-3843 Fax

Customer Information

- Individual Contractor

Name _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____
 Fax _____
 Email _____

RAIL HEIGHT <input type="checkbox"/> 36" <input type="checkbox"/> 42" <input type="checkbox"/> Custom _____	POST ATTACHMENT <input type="checkbox"/> Deck Mount (Top Surface) <input type="checkbox"/> Fascia Mount (Side Mount)
MOUNTING SURFACE <input type="checkbox"/> Wood <input type="checkbox"/> Concrete Slab <input type="checkbox"/> Composite over Wood <input type="checkbox"/> Waterproof <input type="checkbox"/> Other _____	FASCIA SIZE <input type="checkbox"/> 2" x 8" <input type="checkbox"/> 2" x 10" <input type="checkbox"/> 2" x 12" <input type="checkbox"/> Other _____
TOP RAIL <input type="checkbox"/> Flat <input type="checkbox"/> Elliptical <input type="checkbox"/> Wood (<i>not supplied</i>)	STAIR GRIP RAIL <input type="checkbox"/> Round <input type="checkbox"/> Square
FINISH OPTIONS <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Sand <input type="checkbox"/> Clear Anodized <input type="checkbox"/> Custom _____	INFILL OPTIONS <input type="checkbox"/> 1/8" Stainless Steel Cable <input type="checkbox"/> 3/16" Stainless Steel Cable <input type="checkbox"/> 1/4" Tempered Glass <input type="checkbox"/> 5/8" Square Picket
BOTTOM RAIL <input type="checkbox"/> Yes <input type="checkbox"/> No	GATE <input type="checkbox"/> Yes <input type="checkbox"/> No
FINISH OPTIONS 	



SKETCH AREA - Please provide a simple perimeter drawing of your project.

