Cut to Size Tear Sheet

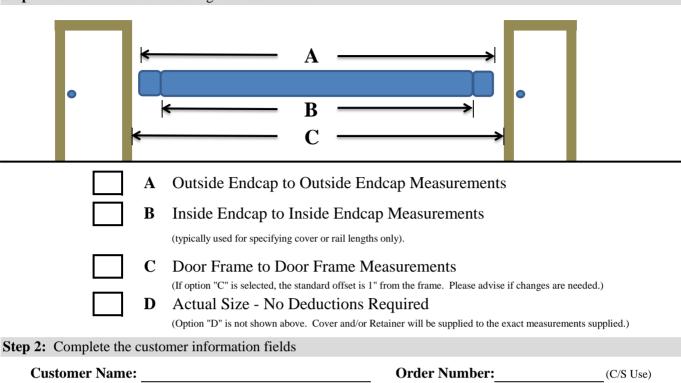
Address:

C/S Rep Name:

Model: _____

Color:

Ste	n 1•	Select	one	of the	measuring	methods	helow
Sic	y I.	SCICCI	OHC '	or the	measuring	memous	ociow.



Step 3: List measurements below under the "Cutlist". Materials will be labeled with the corresponding number. Please keep a copy of this for your records to assist when materials deliver.

Cutlist		Location	on <u>:</u>			
1	16	31	46	61		
2	17	32	47	62		
3	18	33	48	63		
4	19	34	49	64		
5	20	35	50	65	_	
6	21	36	51	66	_	
7	22	37	52	67		
8	23	38	53	68		
9	24	39	54	69		
10	25	40	55	70		
11	26	41	56	71		
12	27	42	57	72		
13	28	43	58	73		
14	29	44	59	74		
15	30	45	60	75		

Step 4: Please sign and return the form to your C/S Representative.

Customer Approval:	Date:

Doc#: RL-300-114 Issue Date: 10/08/14 Rev Date: 06/24/15