## **Contractor Estimating Sheet** TPO Systems

## TPO Systems ARCHED DRIP EDGE





Email completed form to MHQuotes@mulehide.com

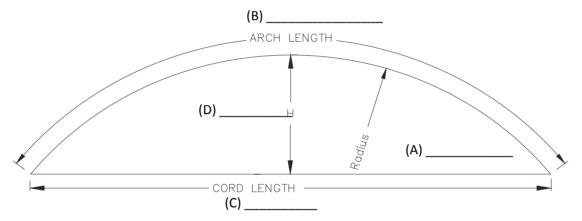
Date:		Email completed form to MHC	<u>tuotes@mui</u>	lenide.com	
Status: Quote	Order	Job Nam	e:		
		Addres	SS:		
ABC Cente <u>r:</u>	#:	Cit	y:	St:	Zip:
PO #:	ABC Contact:	Jobsite C	ontact:		
Contractor Name:	_	Phone #:			
Contractor Contact:					
Phone #:		Ship To (	if different	from above):	
Special Instructions:					
•					

Provide radius (A) when possible along with the following REQUIRED measurements:

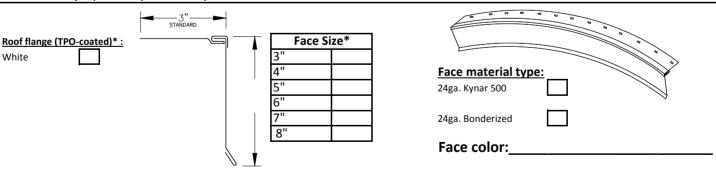
## **REQUIRED MEASUREMENTS**

- (B) Total arch length
- (C) Entire width of the arch (cord length). If the entire cord length cannot be measured specify the cord length used.
- (D) Height

Note: When the entire width of the arch is not measured verify the height measurement in several locations using the same cord length.



Some arches may require a template. See template instructions.



Contractor Approval:	
Fabrication will proceed o	after signed approval.
Signature	Date
Name	Title
Contractor shall verify all dimen	sions, sizes, and quantites. All products
to be installed in strict accordan	ce with Mule-Hide's printed
instructions.	

<sup>\* 4&</sup>quot; or larger face size require splice cleats 24" o.c. (splice cleats included).