



Project Name _____

How many stations _____

- Powerbase
- Top Feed
- Duplexes-_____/station
- Wall Track
- Panel Wrap
- Base Feed
- Client responsible for electrical contractor

- | Spine Ht | Rib Ht | Wing Ht | Worksurfaces |
|------------------------------|------------------------------|------------------------------|---|
| <input type="checkbox"/> 37" | <input type="checkbox"/> 37" | <input type="checkbox"/> 37" | <input type="checkbox"/> 20" |
| <input type="checkbox"/> 44" | <input type="checkbox"/> 44" | <input type="checkbox"/> 44" | <input type="checkbox"/> 24" |
| <input type="checkbox"/> 50" | <input type="checkbox"/> 50" | <input type="checkbox"/> 50" | <input type="checkbox"/> 30" |
| <input type="checkbox"/> 56" | <input type="checkbox"/> 56" | <input type="checkbox"/> 56" | <input type="checkbox"/> 36" |
| <input type="checkbox"/> 64" | <input type="checkbox"/> 64" | <input type="checkbox"/> 64" | <input type="checkbox"/> Corner Std |
| <input type="checkbox"/> 68" | <input type="checkbox"/> 68" | <input type="checkbox"/> 68" | <input type="checkbox"/> Corner Curved |
| <input type="checkbox"/> 82" | <input type="checkbox"/> 82" | <input type="checkbox"/> 82" | <input type="checkbox"/> Corner Extended |
| | | | <input type="checkbox"/> Straight Notched |

Components

- Shelf-Regular
- Shelf-Low
- Flipper door-Regular-Fabric
- Flipper door-Regular-Laminate
- Data Cut-outs/Plates
- Lights
- Box/box/file support pedestal
- File/file support pedestal
- Mobile Box/file pedestal
- Mobile Box/file pedestal w/cushion
- Lateral File _____2 drawer 30" wide-supporting
- Lateral File _____5 drawer 36" wide
- Tackboard - 5"
- Tackboard - 11"
- Tackboard - 16"
- Tackboard - 33"
- Glass Add-ons
- Fabric Add-ons
- Keyboard Tray
- Pencil Drawer
- Finish Posts
- Key Alike
- Monitor Arms-Single
- Monitor Arms-Double

Finish Information

Panel Fabric: _____

Flipper Door: _____

Tackboard Fabric: _____

Laminate: _____

T-Molding: _____

Paint: _____

Glass: _____

Note: applying fabric vertically may incur additional upcharge.

Comments: _____

 Dealer Representative - Please Print