

COPING SELECTION

Sales Rep: _____

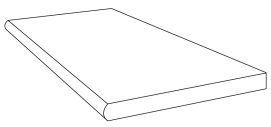
Date: _____

Customer Information:

Name _____
Address _____
City _____ State _____ Zip Code _____
Contact _____ Phone number _____
e-mail _____
Obs. _____

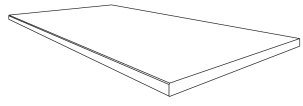
Selection

**COPING
FULL ROUND
BULLNOSE**



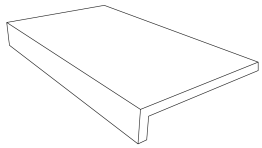
Size, Side, Thickness
and Details

**COPING
EASED EDGE
TOP AND
BOTTON**



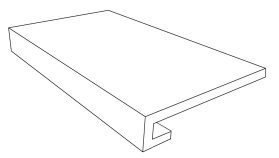
Size, Side, Thickness
and Details

**REMODEL
COPING**



4" STANDARD FACE
CUSTOM
Size, Side, Thickness and Details

**COPING WITH
RETURN**



Size, Side, Thickness and
Details

Approved by: _____

Signature: _____

All sales reps must complete this form in order to start Coping fabrication.
No fabrication will start until we have this form completed.