

ORDER CONFIRMATION FORM

BCAA SERIES

Please fill out this form for each fixture on order

Project Name / Side Mark: _____ PO # _____ Invoice # _____

FIXTURE	SIZE	GLASS COVERS	TOTAL DROP
<input type="checkbox"/> BCAA - HORIZONTAL	<input type="checkbox"/> 5 ARM	<input type="checkbox"/> TEST TUBE	(Please provide total height, from ceiling to base of fixture)
<input type="checkbox"/> BCAA - VERTICAL	<input type="checkbox"/> 7 ARM	<input type="checkbox"/> BALL*	
<input type="checkbox"/> BCAA X - HORIZONTAL	<input type="checkbox"/> 9 ARM	*N/A FOR BCAA X	_____ MM
<input type="checkbox"/> BCAA X - VERTICAL	<input type="checkbox"/> 11 ARM		
	<input type="checkbox"/> 15 ARM		

SURFACE FINISH

<input type="checkbox"/> Aged Brass	AB	<input type="checkbox"/> Verdigris	VER
<input type="checkbox"/> Brushed Brass	BB	<input type="checkbox"/> Polished Brass	PB
<input type="checkbox"/> Hand Rubbed Brass	HRB	<input type="checkbox"/> Copper	CP
<input type="checkbox"/> Dark Bronze	DB	<input type="checkbox"/> Chrome	CR
<input type="checkbox"/> Mottled Patina	MP	<input type="checkbox"/> Graphite	GR
<input type="checkbox"/> Powder Coat Matte Black	PCB	<input type="checkbox"/> Satin Nickel	SN
<input type="checkbox"/> Powder Coat Matte White	PCW	<input type="checkbox"/> 24K Gold [†]	24K

CEILING CANOPY (Please refer to Canopy Specification Guide provided)

VOLTAGE

<input type="checkbox"/> ROUND FLUSH - SMALL RFS	<input type="checkbox"/> ROUND SURFACE - MEDIUM RSM	<input type="checkbox"/> 120 V
<input type="checkbox"/> ROUND FLUSH - MEDIUM RFM	<input type="checkbox"/> ROUND SURFACE - LARGE RSL	<input type="checkbox"/> 240 V
<input type="checkbox"/> ROUND FLUSH - LARGE RFL	<input type="checkbox"/> Other _____	

SPECIFIC CERTIFICATION REQUIREMENTS

Y Please specify _____

N