

ORDER CONFIRMATION FORM

# PHASMIDA

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"/> PHASMIDA - HORIZONTAL	<input type="checkbox"/> 5 ARM	<input type="checkbox"/> BANANA	(Please provide total height, from ceiling to base of fixture) _____ MM
<input type="checkbox"/> PHASMIDA - VERTICAL	<input type="checkbox"/> 7 ARM	<input type="checkbox"/> FROSTED TEST TUBE	
	<input type="checkbox"/> 9 ARM		
	<input type="checkbox"/> 11 ARM		

### SURFACE FINISH - BODY

<input type="checkbox"/> Aged Brass	AB	<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"/> Satin Nickel	SN
<input type="checkbox"/> Mottled Patina	MP	<input type="checkbox"/> 24K Gold	24K
<input type="checkbox"/> Verdigris	VER		

### SURFACE FINISH - COLLARS

<input type="checkbox"/> Aged Brass	AB	<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"/> Satin Nickel	SN
<input type="checkbox"/> Mottled Patina	MP	<input type="checkbox"/> 24K Gold†	24K
<input type="checkbox"/> Verdigris	VER		

### 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