

ORDER CONFIRMATION FORM

SIMPLE 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"/> SIMPLE - PENDANT | <input type="checkbox"/> POSITIVE | <input type="checkbox"/> BANANA | (Please provide total height,
from ceiling to base of fixture)
_____ MM |
| <input type="checkbox"/> SIMPLE - WALL SCONCE | <input type="checkbox"/> NEGATIVE | <input type="checkbox"/> FROSTED TEST TUBE | |
| | <input type="checkbox"/> X | | |
| | <input type="checkbox"/> Y | | |
| | <input type="checkbox"/> Z | | |

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"/> Satin Nickel | SN |
| <input type="checkbox"/> Dark Bronze | DB | <input type="checkbox"/> 24K Gold | 24K |
| <input type="checkbox"/> Mottled Patina | MP | <input type="checkbox"/> Chrome | CR |

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"/> Satin Nickel | SN |
| <input type="checkbox"/> Dark Bronze | DB | <input type="checkbox"/> 24K Gold | 24K |
| <input type="checkbox"/> Mottled Patina | MP | <input type="checkbox"/> Chrome | CR |

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