## **Outside Mount**

## **CUSTOM ORDER FORM**

FAX TO: (214) 741-4580 **Email: Orders@Highliteinc.com** 

Highlite, Inc.

COV	/IPANY	NAME

ORDER# (Leave Blank)

SIDEMARK

VOLIB DO	$\Delta CCT$

YOUR P.O.	ACCT:

4320 Action Dr., Mesquite, TX 75150 (214) 741-4116 www.TheArchGuys.com 800-830-5627

**CONTACT PERSON** 

PHONE Fax or Email

**REQUIRED** for Confirmation

Check here for Order Confirmation

**SHIP TO:** (If different than

Billing Address)

ACTUAL WINDOW DIMENSION

NOTES: If ordering "other" shapes (i.e., circles, octagons or transoms) please indicate here.

ALL required fields must be complete to start production.

DATE

		/	AL WIND			Y Prod	luction time t	egins wn	en all inform	lation (including s	stain Approval if applic	able) is received	•		
LINE	QTY	"A" WIDTH	"B" LENGTH	"C" LEG	"D" LEG	SHAPE SEE BELOW	OP OR NON-OP	3' Wand	CUTOUT STYLE	Manufacturer Color & Number	Applique #, Sunscreen Color or Closed Back	Shutter Only TIP TO TIP	HighLite GOES OVER	Mounting Option	BottomTrim Not Available on Facias
1						3	OPERABLE NON-OP	1 . ' - 3	Round Square Solid Facia				Blind □ Shutter □ Sill □ Sheetrock □	Original   Removable	2"
2						2	OPERABLE  NON-OP		Round Square Solid Facia				Blind	Original  Removable	2"
3						2	OPERABLE  NON-OP		Round Square Solid Facia				Blind  Shutter  Sill  Sheetrock	Original   Removable	2"

Standard installation for the HighLite product line is outside mount. Original mount overlaps right & left sides by 1"; Removable mount overlaps by 2". Top overlap may be more on operable units. If any obstructions exist within 3" of opening, please indicate by seperate drawing. Note: When ordering a Facia to be used as the valance for a blind, be sure to add 3" to all length dimensions (B, C & D).

IMPORTANT: Fully inside mounting any HighLite product should only be done when absolutely necessary. Templates are REQUIRED on inside mounts. Call to discuss various available mounting methods and applicable upcharges.

PLEASE CHECK HERE IF YOU INTEND TO INSIDE MOUNT THIS ORDER!

PLEASE CHECK HERE IF BULLNOSE SHEETROCK (add'I overlap required)

Operable Eyebrow 3" Min. Leg Height HALF CIRCLE EYEBROW WITH LEGS "A" WIDTH "A" WIDTH SHAPE 2 SHAPE 1 Available Operable or Non-Operable

SHAPE 3 Non Operable only

**EYEBROW NO LEGS** 

Must be able to reach by hand to operate. Please call for details. OTR CIRCLE **SPLIT EYEBROW** C" LEG "A" WIDTH "A" WIDTH "A" WIDTH **SHAPE 4** SHAPE 5 Available Operable or Non-Operable

"A" WIDTH