



Tel: 914-633-3282
 Toll free: 1-888-272-0276
 Fax: 914-633-0328

**LOCKING BOX
 SPECIFICATION FORM**

DATE: _____ **Company:** _____

PO.#: _____

Contact: _____ **Phone#:** _____

Number of Units
Required:

EXTERNAL DIMENSIONS:

Height: _____ **Length:** _____

Illuminated Non-Illuminated

Single Sided Double Sided

Black Clear Satin Anodized

Number of Doors: Number of Lamps: Snap Frame Door

BACKING: (non illuminated)

Aluminium Masonite
 Steel Corkoplast Other: _____

FACE:

1/8" Acrylic Clear 1/8" Lexan Clear
 .080 PETG Other: _____

Date required:
Unit Price:
Deposit amount
Approx. Shipping Costs

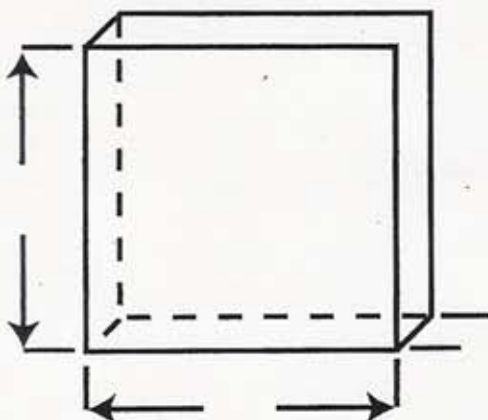
Please indicate the location of the following on the drawing below.

Cord _____, **Switch** _____, **"D" Rings** _____, **"S" Hooks** _____, **Lock** _____

Other Instructions: _____

TOP FRONT VIEW

BACK VIEW



Name of purchaser

Signature of purchaser