



CUSTOM BEND WORKSHEET

This worksheet is for LEDStripe ONLY: (Check only one) This worksheet is for ColorLINE ONLY:

Distributor Name / Branch: _____ Date: _____

Sign Company Name: _____ Quote or Drawing Number: _____

City: _____ State: _____

Contact Name: _____ Phone #: _____

E-Mail Address: _____ Fax #: _____

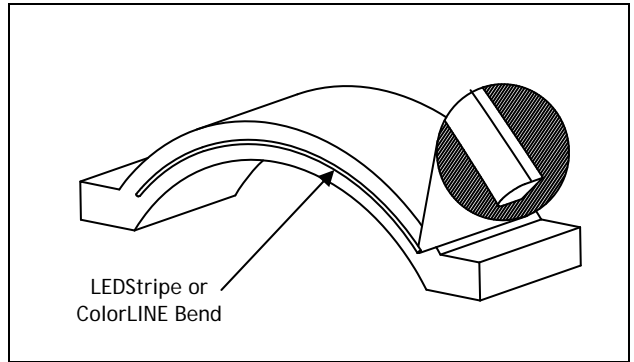
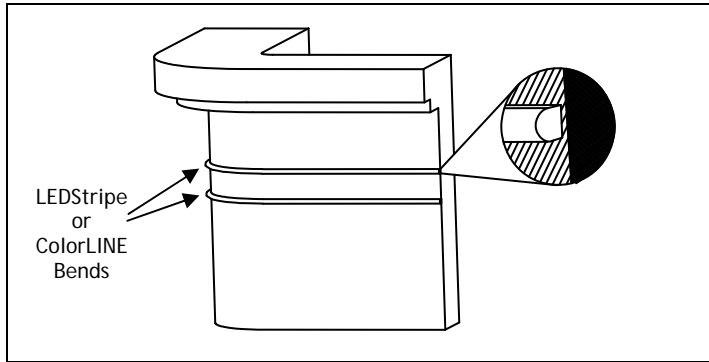
Project Name: _____

In order to properly bend the LEDStripe and ColorLINE products it is vital that we have the following information. Please complete and return this form via fax to the following number: 805-676-3206. If elevation and plan view drawing are available please send with this form or forward it via e-mail to your customer service representative in PDF, EPS or DXF format.

Number of this type of bends on this project: _____ Color(s) of bends, when lit: _____

For multiple bend types, use multiple worksheets.

Please choose one of the types of bends needed from the selection below.



This type of bend is a Radial Bend: (Check only one) This type of bend is a Flat Bend:

Fill out the dimensions below for Radius Bend. Anything other than a true radius will require a pattern.

Arc Length: _____ and Radius: _____

Horizontal Length: _____ and Height: _____

Dimensions are measured from mounting surface for Radial Bends and from centerline of tube for Flat Bends.

Customer signature required before tooling will be made: _____ Date: _____

Your Single Source for LED Innovation, Experience & Selection — Since 1957