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SOS -Factory Order Form

Date:

Requested Ship Date:

Project Information

Proceed Pending

Quote # Job Name: Location:

Stalls: Screens: Showers: Vanities: Benches: Dressing:

Misc: # of Drawings Color 1: Color 2:

Hardware Information

Partition Style: Floor Mounted OHB (Std.)
 Floor to Ceiling (Opt. Add.)
 Ceiling Hung (Opt. Add.)

Door Hardware: Latch/Strike Alum. (Std.)
 Latch/Strike ST/ST (Opt. Add.)

Doors Held Open @

Inswing ⁰ (Std. Closed)
 Outswing ⁰ (Std. Closed)
 HC ⁰ (Std. Closed)

Brackets: Plastic CWB (Std.)
 Aluminum 3 Clip (Opt. N/C)
 Aluminum CWB (Opt. Add.)

Heat Strip: Yes
 No

Pilaster Shoes: Plastic (Std.)
 Stainless Steel (Opt. N/C)

Exposed Fasteners: Designer Front (Std.)
 Through Bolt (Opt. N/C)

Hinge Style: Integral (Std.)
 Alum. - 8" throughout (Opt. N/C.)
 Alum. Continuous (Opt. Add.)
 Stainless Steel Continuous- SPRING (Opt. Add.)
 Stainless Steel Continuous-GRAVITY (Opt. Add.)

Drafting Notes:

Invoicing Information

PO \$ Amount

Freight

Installation

Total

Notes:

Billing Information

PO # (Copy must be attached)

Name

Address

City State Zip Code

Rep #

Code

Shipping Information

Name

Address

City State Zip Code

Via

Weight

Special Inst.