

PROJECT NAME: _____

DATE: _____

JOB LOCATION: _____

COMPANY: _____

SPECIFIER: _____

PLEASE USE ADOBE READER OR ADOBE ACROBAT TO FILL OUT AND SAVE FORM. USING OTHER PROGRAMS COULD RESULT IN UNSAVED DATA.

MODEL

QUANTITY	MODEL	
_____	SCVIS-AP	Vista Stacking Chair with arms
_____	SCVIS-P	Vista Stacking Chair without arms

OPTIONS

VISTA STACKING CHAIR WITH ARMS



Powdercoat Options

Please select **one** option below and write in specified color.

Standard Texture from F+S Powdercoat Color Chart

Custom RAL Powdercoat Color (subject to upcharge)

VISTA STACKING CHAIR WITHOUT ARMS



NOTES _____

Please send completed forms to sales@forms-surfaces.com or contact us at 800.451.0410 with any questions.