## **ILLUMIWRAP SURVEY FORM**



Use this form to ensure proper ordering. Please review all options carefully before completing. Once complete, please save and send to your distributor to receive a quote.

Reference/Job:		Phone:	
Date:(MM/DD/YYYY)	Distributor:	Email:	
IllumiWrap Finish Select	ion:		
□ Black	☐ Bronze	☐ Silver	☐ White
<b>Survey:</b> Note: For non-illuminated side, enter "O" (zero) into the length for that side.	Length Feet Side 2 - North	Inches	
Length Feet Inches Side 1 - West	Building T	op View	Length Feet Inches Side 3 - East
	Length Feet Side 4 - South	Inches	J
Optional: Include additio	nal cost building seal tape	(sold in 25-ft reels)	☐ Yes ☐ No
Shipping Information:		Liftgate needed?	☐ Yes ☐ No
Ship to:		Access to 6-ft forklift?	☐ Yes ☐ No
		upon Principal Sloan receivir	e of three (3) weeks for all orders ng P.O. vith IllumiWrap specific Qwik Box.

**Customer service and technical support** 

- principalsloan.com
- ② 325.227.4577
- ② 3490 Venture Dr., San Angelo, TX 76905

