

CUSTOM REQUEST FORM

Customer/Designer

Date: _____ Sales Rep: _____ Email: _____
Company name: _____ Contact person: _____
Address: _____ Phone: _____ Mobile: _____
City: _____ State: _____ Zip: _____ Fax: _____

Project Details

Project Name: _____ Architect/designer: _____
Project Number: _____ Phone: _____ Email: _____
Item number: _____ Quantity: _____ CAD required: _____ Sketch/photo provided: _____
Prototype required: _____ CAD drawing due: _____ Prototype due: _____

Fixture Specifications

Gas Lantern: ☐ or Electric: ☐
Natural Gas: _____ or Propane: _____ Voltage: _____ Socket Type: _____
Self-igniting: _____ or Manual ignition: _____ Wattage: _____ Shades: _____
Photocell: _____ Type of metal: _____ No. of Lamps: _____ Shade Type: _____

U.L.

Finish Specifications

UL Approval required? _____ Custom finish: _____ Sample provided by: _____
Intended location ☐ Wet ☐ Dry ☐ Damp Solara custom finish: _____
Solara Standard Finish: _____

Fixture type Details

| | | | | | | | |
|-------------------|-------------------------------|--------------------------------|-------------------------------|------------------------------|-------------------------------------|---|--|
| Wall mount Spec's | Width <input type="text"/> | Length <input type="text"/> | Depth <input type="text"/> | TTM: <input type="text"/> | Glass type: <input type="text"/> | | |
| Chandelier spec's | Width <input type="text"/> | Length <input type="text"/> | Depth <input type="text"/> | TTM: <input type="text"/> | Glass type: <input type="text"/> | OAH including chain and mounting: <input type="text"/> | |
| Pendant spec's | Width <input type="text"/> | Length <input type="text"/> | Depth <input type="text"/> | TTM: <input type="text"/> | Glass type: <input type="text"/> | OAH including chain and mounting: <input type="text"/> | Stem Length <input type="text"/> |
| Pier spec's | Width <input type="text"/> | Length <input type="text"/> | Depth <input type="text"/> | TTM: <input type="text"/> | Glass type: <input type="text"/> | OAH including chain and mounting: <input type="text"/> | Lantern Length <input type="text"/> |
| Post spec's | Width <input type="text"/> | Length <input type="text"/> | Depth <input type="text"/> | TTM: <input type="text"/> | Glass type: <input type="text"/> | OAH including chain and mounting: <input type="text"/> | Lantern Length <input type="text"/> |

Special Instructions:

Approved by: Sales manager: _____

QA Manager: _____