SOUND BUILDING
S U P P L Y

CUSTOM FLASHING ORDER

CUSTOMER NAME: _____ **JOB NAME:** _____

Drawing #____ Pitch: ____ # Of Pieces:_____

Color: _____

Hems :☐Open☐Closed☐26G☐24G☐TPO☐PVC

Drawing #____ Pitch: ____ # Of Pieces:_____

Color: _____

Hems :☐Open☐Closed☐26G☐24G☐TPO☐PVC

Drawing #____ Pitch: ____ # Of Pieces:_____

Color: _____

Hems :☐Open☐Closed☐26G☐24G☐TPO☐PVC

Drawing #____ Pitch: ____ # Of Pieces:_____

Color: _____

Hems :☐Open☐Closed☐26G☐24G☐TPO☐PVC

Please provide a drawing for each flashing with precise measurments and angles
Fax to: (425) 390-7406