



3DL SURFACES ORDER FORM

Inquiry Request:

PAGE _____ OF _____

CUSTOMER SERVICE:

Phone | 877-998-1814

Fax | 218-736-7919

orders@northerncontours.com

ORDER DATE _____

ORDERED BY _____

PHONE _____

FAX _____

EMAIL _____

CUST ID _____

PO # _____

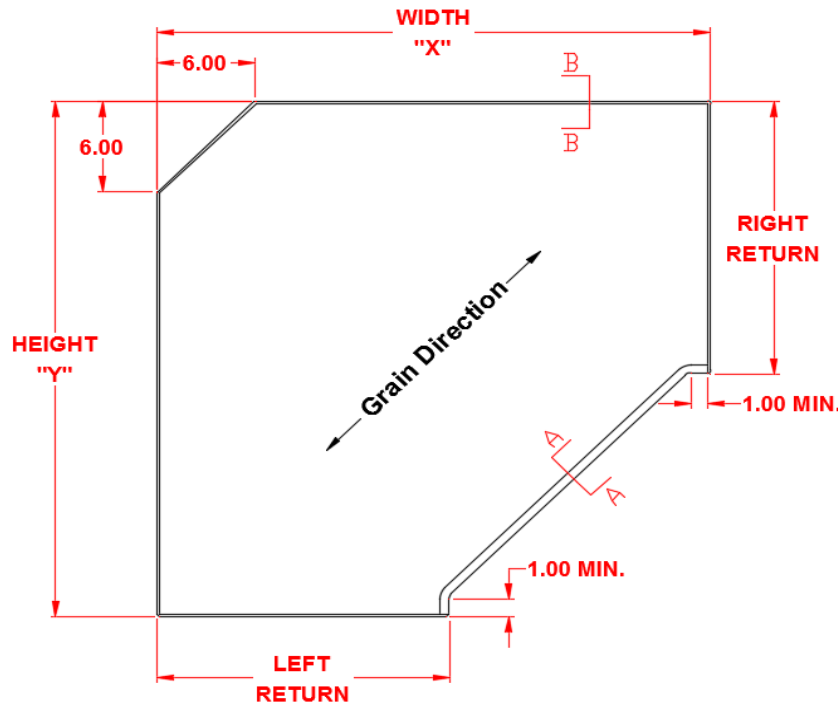
PROJECT NAME _____

QUOTE ID _____

BILL TO			SHIP TO			Commercial Residential	
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-CBD

Corner Beveled Diagonal



Quantity _____ Width "X" _____

Thickness _____ Height "Y" _____

(3/4" or 1") Right Return _____

Left Return _____

Foil # _____

Foil Name _____

Backer Color _____

Notes - Height "Y"/Width "X" Max of 48" When Return is 24" - Height "Y"/Width "X" Max of 42" When Return is 30" - Height "Y"/Width "X" Min of 35" When Return is 30" - Height "Y"/Width "X" Min of 29" When Return is 24" - Corner Radii = 3/16"	Primary Profile (A) - Select ONE Primary Profile <input type="checkbox"/> 3/4" SLOPE <input type="checkbox"/> 1" SLOPE <input type="checkbox"/> CLIFF 3/16" radius <input type="checkbox"/> 3/4" WATERFALL <input type="checkbox"/> 1" WATERFALL <input type="checkbox"/> LEDGE 1/16" radius	Secondary Profile (B) <input type="checkbox"/> CLIFF 3/16" radius <input type="checkbox"/> LEDGE 1/16" radius
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PACKING INSTRUCTIONS - add'l charges apply <input type="checkbox"/> Downstack <input type="checkbox"/> Bundlewrap <input type="checkbox"/> Other _____ <input type="checkbox"/> Box <input type="checkbox"/> Tag	SHIPPING PREFERENCE <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS NDA <input type="checkbox"/> UPS 2DA <input type="checkbox"/> UPS 3DA <input type="checkbox"/> Int'l UPS <input type="checkbox"/> LTL Carrier <input type="checkbox"/> LTL Call for Apt <input type="checkbox"/> Liftgate Required <input type="checkbox"/> CPU <input type="checkbox"/> (Cust Pick-Up) <input type="checkbox"/> CTS <input type="checkbox"/> (Cust Scheduled)	RECEIVING CAPABILITIES <input type="checkbox"/> Loading Dock <input type="checkbox"/> Pallet Jack <input type="checkbox"/> Forklift
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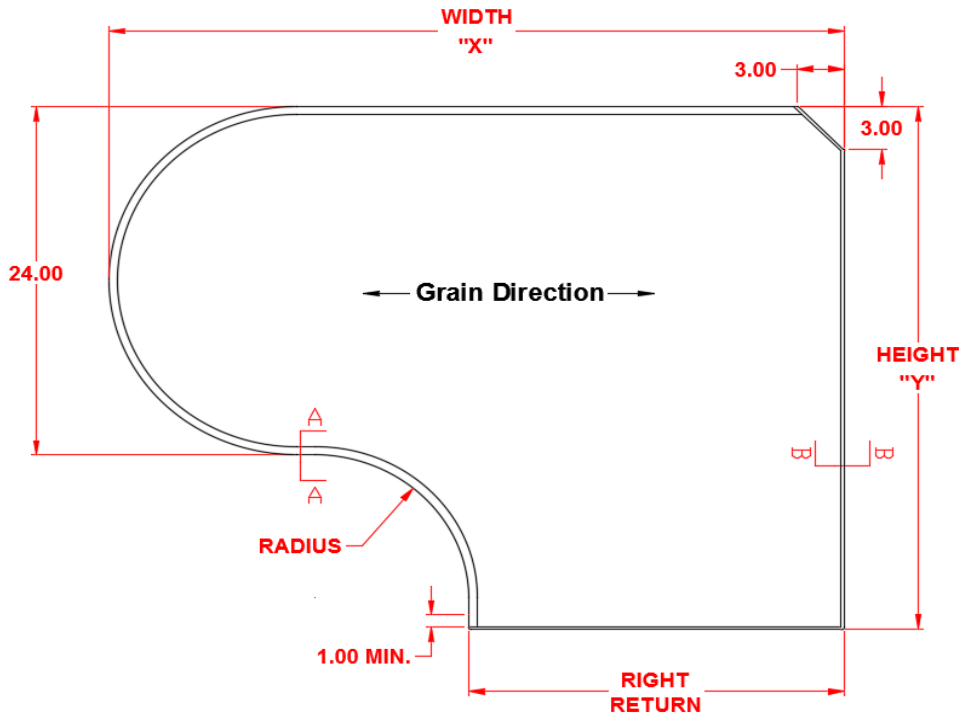
3DL SURFACES ORDER FORM

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CUSTOMER SERVICE: ORDER DATE _____ CUST ID _____
 Phone | 877-998-1814 ORDERED BY _____ PO # _____
 Fax | 218-736-7919 PHONE _____ PROJECT NAME _____
orders@northerncontours.com FAX _____ QUOTE ID _____
 EMAIL _____

BILL TO			SHIP TO			Commercial Residential	
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-CCBL Corner Curved Bullet - Left



Quantity _____ Width "X" _____ Foil # _____
 Thickness _____ Height "Y" _____ Foil Name _____
 (3/4" or 1") Right Return _____ Backer Color _____

Notes
 - Height "Y" Max of 47"
 - Width "X" Max of 96"
 - Height "Y" Min = 26"
 - Width "X" Min = Right Return + 14"
 - Corner Radii = 3/16"
 - Radius varies with Size, max of 12"

Primary Profile (A) - Select ONE Primary Profile

<input type="checkbox"/> 3/4" SLOPE	<input type="checkbox"/> 3/4" WATERFALL
<input type="checkbox"/> 1" SLOPE	<input type="checkbox"/> 1" WATERFALL
<input type="checkbox"/> CLIFF 3/16" radius	<input type="checkbox"/> LEDGE 1/16" radius

Secondary Profile (B)

<input type="checkbox"/> CLIFF 3/16" radius
<input type="checkbox"/> LEDGE 1/16" radius

PACKING INSTRUCTIONS - add'l charges apply

<input type="checkbox"/> Downstack	<input type="checkbox"/> Box
<input type="checkbox"/> Bundlewrap	<input type="checkbox"/> Tag
<input type="checkbox"/> Other _____	

SHIPPING PREFERENCE

<input type="checkbox"/> UPS Ground	<input type="checkbox"/> Int'l UPS	<input type="checkbox"/> CPU (Cust Pick-Up)
<input type="checkbox"/> UPS NDA	<input type="checkbox"/> LTL Carrier	<input type="checkbox"/> CTS (Cust Scheduled)
<input type="checkbox"/> UPS 2DA	<input type="checkbox"/> LTL Call for Apt	
<input type="checkbox"/> UPS 3DA	<input type="checkbox"/> Liftgate Required	

RECEIVING CAPABILITIES

<input type="checkbox"/> Loading Dock
<input type="checkbox"/> Pallet Jack
<input type="checkbox"/> Forklift



3DL SURFACES ORDER FORM

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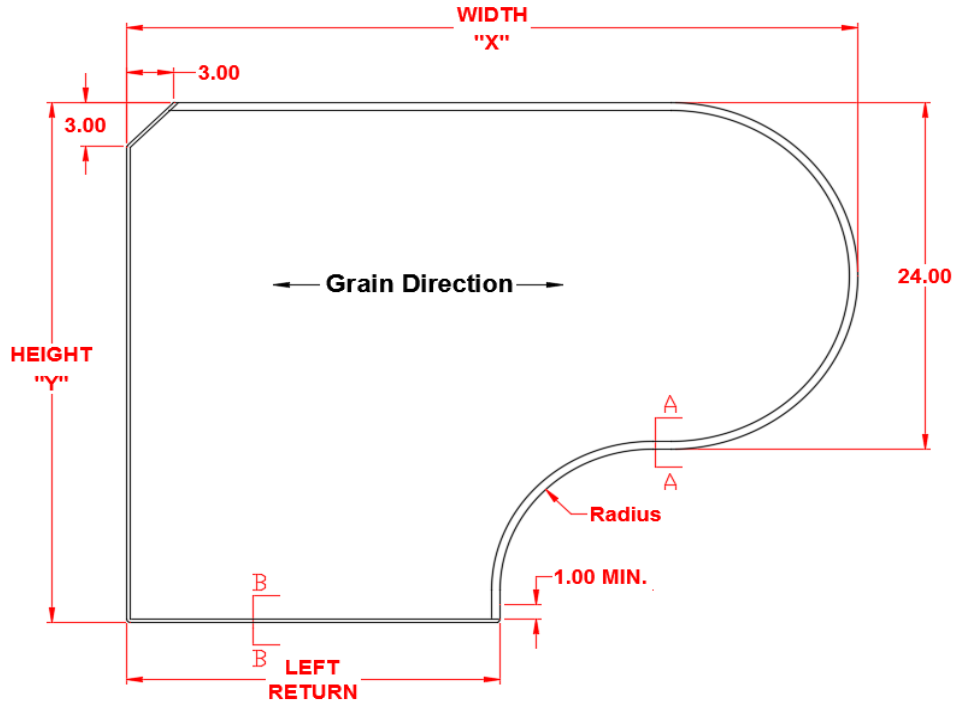
CUSTOMER SERVICE: Phone | 877-998-1814 Fax | 218-736-7919 orders@northerncontours.com

ORDER DATE _____ ORDERED BY _____ PHONE _____ FAX _____ EMAIL _____

CUST ID _____ PO # _____ PROJECT NAME _____ QUOTE ID _____

BILL TO			SHIP TO			<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-CCBR Corner Curved Bullet - Right



Quantity _____ Width "X" _____ Foil # _____

Thickness _____ Height "Y" _____ Foil Name _____

(3/4" or 1") Left Return _____ Backer Color _____

Notes - Height "Y" Max of 47" - Width "X" Max of 96" - Height "Y" Min = 26" - Width "X" Min = Left Return + 14" - Corner Radii = 3/16" - Radius varies with Size, max of 12"	Primary Profile (A) - Select ONE Primary Profile <input type="checkbox"/> 3/4" SLOPE <input type="checkbox"/> 1" SLOPE <input type="checkbox"/> CLIFF 3/16" radius	<input type="checkbox"/> 3/4" WATERFALL <input type="checkbox"/> 1" WATERFALL <input type="checkbox"/> LEDGE 1/16" radius	Secondary Profile (B) <input type="checkbox"/> CLIFF 3/16" radius <input type="checkbox"/> LEDGE 1/16" radius
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PACKING INSTRUCTIONS - add'l charges apply <input type="checkbox"/> Downstack <input type="checkbox"/> Bundlewrap <input type="checkbox"/> Other _____ <input type="checkbox"/> Box <input type="checkbox"/> Tag	SHIPPING PREFERENCE <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS NDA <input type="checkbox"/> UPS 2DA <input type="checkbox"/> UPS 3DA <input type="checkbox"/> Int'l UPS <input type="checkbox"/> LTL Carrier <input type="checkbox"/> LTL Call for Apt <input type="checkbox"/> Liftgate Required <input type="checkbox"/> CPU <input type="checkbox"/> CTS <input type="checkbox"/> (Cust Scheduled)	RECEIVING CAPABILITIES <input type="checkbox"/> Loading Dock <input type="checkbox"/> Pallet Jack <input type="checkbox"/> Forklift
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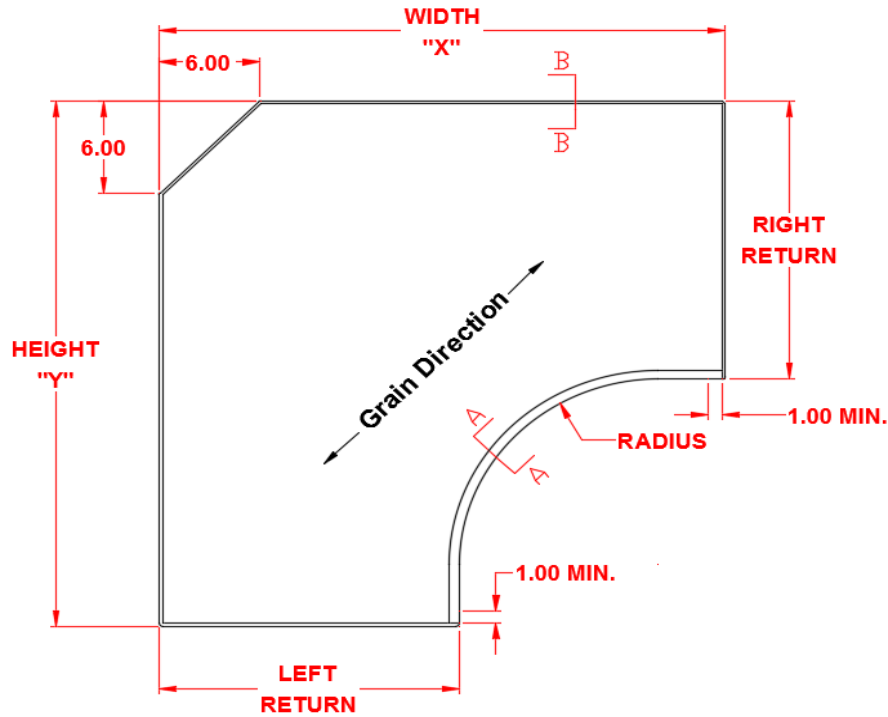
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 Phone | 877-998-1814 ORDERED BY _____ PO # _____
 Fax | 218-736-7919 PHONE _____ PROJECT NAME _____
orders@northerncontours.com FAX _____ QUOTE ID _____
 EMAIL _____

BILL TO			SHIP TO			<input type="checkbox"/> Commercial	
						<input type="checkbox"/> Residential	
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-CCD Corner Curved Diagonal



Quantity _____ Width "X" _____
 Thickness _____ Height "Y" _____
 (3/4" or 1") Right Return _____
 Left Return _____
 Foil # _____
 Foil Name _____
 Backer Color _____

Notes - Width "X"/Height "Y" Max of 48" When Return is 24" - Width "X"/Height "Y" Max of 42" When Return is 30" - Width "X"/Height "Y" Min = Return +2" - Corner Radii = 3/16" - Radius varies with Size, max of 12"	Primary Profile (A) - Select ONE Primary Profile <input type="checkbox"/> 3/4" SLOPE <input type="checkbox"/> 1" SLOPE <input type="checkbox"/> CLIFF <small>3/16" radius</small> <input type="checkbox"/> 3/4" WATERFALL <input type="checkbox"/> 1" WATERFALL <input type="checkbox"/> LEDGE <small>1/16" radius</small>	Secondary Profile (B) <input type="checkbox"/> CLIFF <small>3/16" radius</small> <input type="checkbox"/> LEDGE <small>1/16" radius</small>
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PACKING INSTRUCTIONS - add'l charges apply <input type="checkbox"/> Downstack <input type="checkbox"/> Bundlewrap <input type="checkbox"/> Other _____ <input type="checkbox"/> Box <input type="checkbox"/> Tag	SHIPPING PREFERENCE <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS NDA <input type="checkbox"/> UPS 2DA <input type="checkbox"/> UPS 3DA <input type="checkbox"/> Int'l UPS <input type="checkbox"/> LTL Carrier <input type="checkbox"/> LTL Call for Apt <input type="checkbox"/> Liftgate Required <input type="checkbox"/> CPU <small>(Cust Pick-Up)</small> <input type="checkbox"/> CTS <small>(Cust Scheduled)</small>	RECEIVING CAPABILITIES <input type="checkbox"/> Loading Dock <input type="checkbox"/> Pallet Jack <input type="checkbox"/> Forklift
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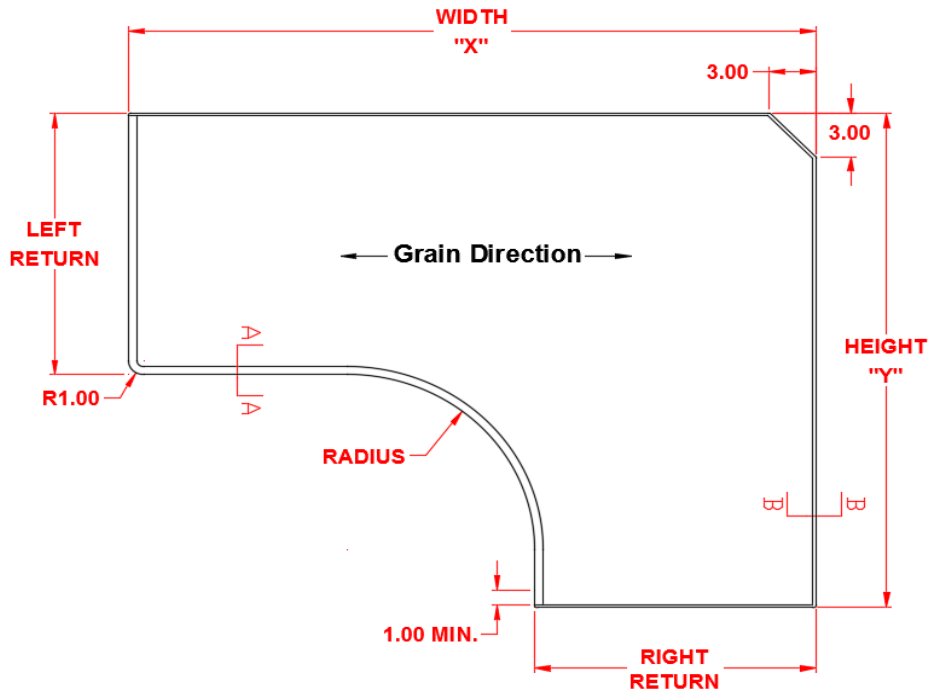
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orders@northerncontours.com FAX _____ QUOTE ID _____
 EMAIL _____

BILL TO			SHIP TO			<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-CCEL Corner Curved End - Left



Quantity _____ Width "X" _____
 Thickness _____ Height "Y" _____
 (3/4" or 1") Right Return _____ Foil # _____
 Left Return _____ Foil Name _____
 Backer Color _____

Notes - Width "X" Max of 96" - Height "Y" Max of 47" - Width "X" Min = Right Return + 2.5" - Height "Y" Min = Left Return + 2.0" - Corner Radii = 3/16" - Radius varies with Size, max of 12"	Primary Profile (A) - Select ONE Primary Profile <input type="checkbox"/> 3/4" SLOPE <input type="checkbox"/> 1" SLOPE <input type="checkbox"/> CLIFF 3/16" radius	<input type="checkbox"/> 3/4" WATERFALL <input type="checkbox"/> 1" WATERFALL <input type="checkbox"/> LEDGE 1/16" radius	Secondary Profile (B) <input type="checkbox"/> CLIFF 3/16" radius <input type="checkbox"/> LEDGE 1/16" radius
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PACKING INSTRUCTIONS - add'l charges apply <input type="checkbox"/> Downstack <input type="checkbox"/> Bundlewrap <input type="checkbox"/> Other _____ <input type="checkbox"/> Box <input type="checkbox"/> Tag	SHIPPING PREFERENCE <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS NDA <input type="checkbox"/> UPS 2DA <input type="checkbox"/> UPS 3DA <input type="checkbox"/> Int'l UPS <input type="checkbox"/> LTL Carrier <input type="checkbox"/> LTL Call for Apt <input type="checkbox"/> Liftgate Required <input type="checkbox"/> CPU <input type="checkbox"/> (Cust Pick-Up) <input type="checkbox"/> CTS <input type="checkbox"/> (Cust Scheduled)	RECEIVING CAPABILITIES <input type="checkbox"/> Loading Dock <input type="checkbox"/> Pallet Jack <input type="checkbox"/> Forklift
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PO # _____

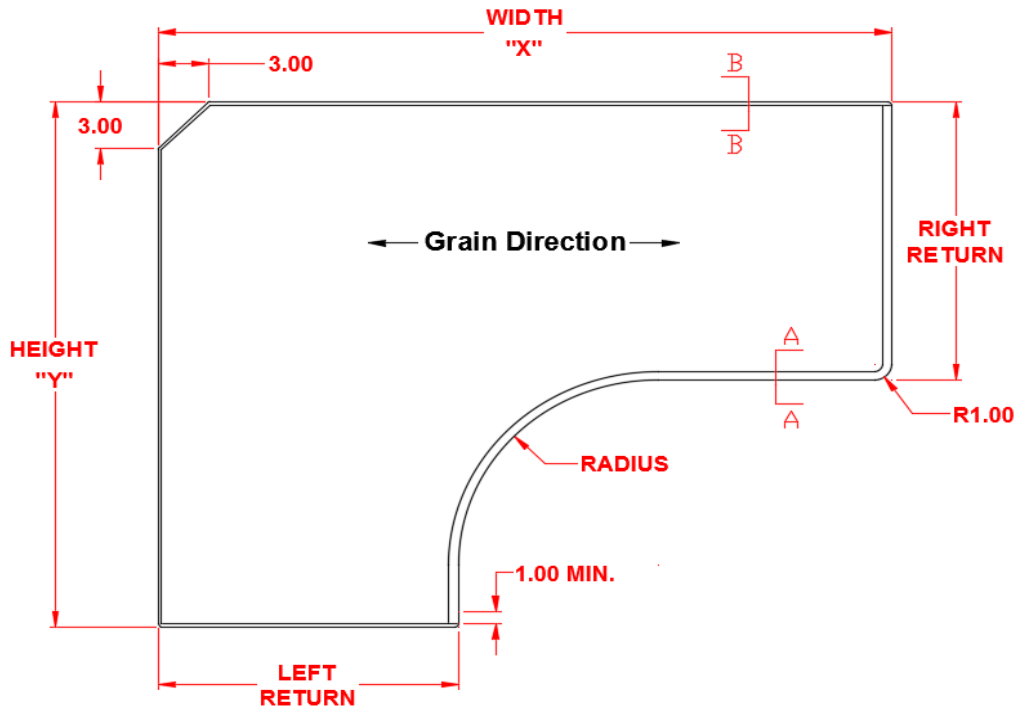
PROJECT NAME _____

QUOTE ID _____

BILL TO			SHIP TO			Commercial Residential	
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-CCER

Corner Curved End - Right



Quantity _____ Width "X" _____

Thickness _____ Height "Y" _____

(3/4" or 1") Right Return _____

Left Return _____

Foil # _____

Foil Name _____

Backer Color _____

Notes

- Width "X" Max of 96"
- Height "Y" Max of 47"
- Width "X" Min = Left Return + 2.5"
- Height "Y" Min = Right Return + 2.0"
- Corner Radii = 3/16"
- Radius varies with Size, max of 12"

Primary Profile (A) - Select ONE Primary Profile

3/4" SLOPE

1" SLOPE

CLIFF 3/16" radius

3/4" WATERFALL

1" WATERFALL

LEDGE 1/16" radius

Secondary Profile (B)

CLIFF 3/16" radius

LEDGE 1/16" radius

PACKING INSTRUCTIONS - add'l charges apply

Downstack Box

Bundlewrap Tag

Other _____

SHIPPING PREFERENCE

UPS Ground Int'l UPS CPU (Cust Pick-Up)

UPS NDA LTL Carrier CTS (Cust Scheduled)

UPS 2DA LTL Call for Apt

UPS 3DA Liftgate Required

RECEIVING CAPABILITIES

Loading Dock

Pallet Jack

Forklift



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Phone | 877-998-1814

Fax | 218-736-7919

orders@northerncontours.com

ORDER DATE _____

ORDERED BY _____

PHONE _____

FAX _____

EMAIL _____

CUST ID _____

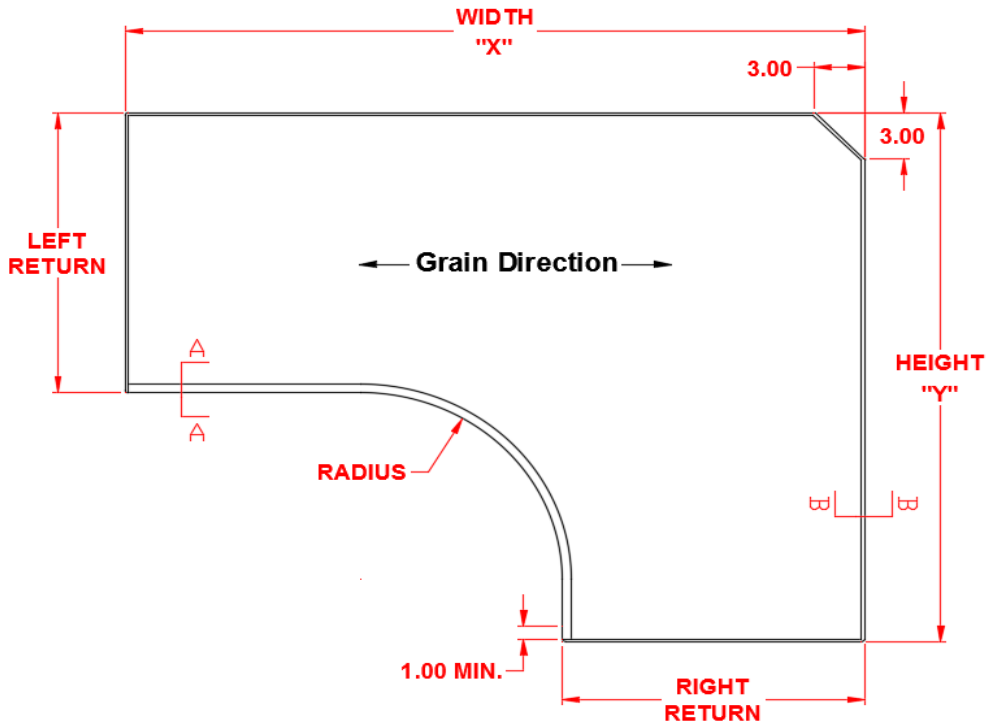
PO # _____

PROJECT NAME _____

QUOTE ID _____

BILL TO			SHIP TO			<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-CCL Corner Curved - Left



Quantity _____ Width "X" _____ Foil # _____

Thickness _____ Height "Y" _____ Foil Name _____

(3/4" or 1") Right Return _____ Backer Color _____

Left Return _____

Notes - Width "X" Max of 96" - Height "Y" Max of 47" - Width "X" Min = Right Return + 2" - Height "Y" Min = Left Return + 2" - Corner Radii = 3/16" - Radius varies with Size, max of 12"	Primary Profile (A) - Select ONE Primary Profile <input type="checkbox"/> 3/4" SLOPE <input type="checkbox"/> 1" SLOPE <input type="checkbox"/> CLIFF 3/16" radius	<input type="checkbox"/> 3/4" WATERFALL <input type="checkbox"/> 1" WATERFALL <input type="checkbox"/> LEDGE 1/16" radius	Secondary Profile (B) <input type="checkbox"/> CLIFF 3/16" radius <input type="checkbox"/> LEDGE 1/16" radius
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PACKING INSTRUCTIONS - add'l charges apply <input type="checkbox"/> Downstack <input type="checkbox"/> Box <input type="checkbox"/> Bundlewrap <input type="checkbox"/> Tag <input type="checkbox"/> Other _____	SHIPPING PREFERENCE <input type="checkbox"/> UPS Ground <input type="checkbox"/> Int'l UPS <input type="checkbox"/> CPU <input type="checkbox"/> UPS NDA <input type="checkbox"/> LTL Carrier (Cust Pick-Up) <input type="checkbox"/> UPS 2DA <input type="checkbox"/> LTL Call for Apt <input type="checkbox"/> CTS <input type="checkbox"/> UPS 3DA <input type="checkbox"/> Liftgate Required (Cust Scheduled)	RECEIVING CAPABILITIES <input type="checkbox"/> Loading Dock <input type="checkbox"/> Pallet Jack <input type="checkbox"/> Forklift
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CUST ID _____

PO # _____

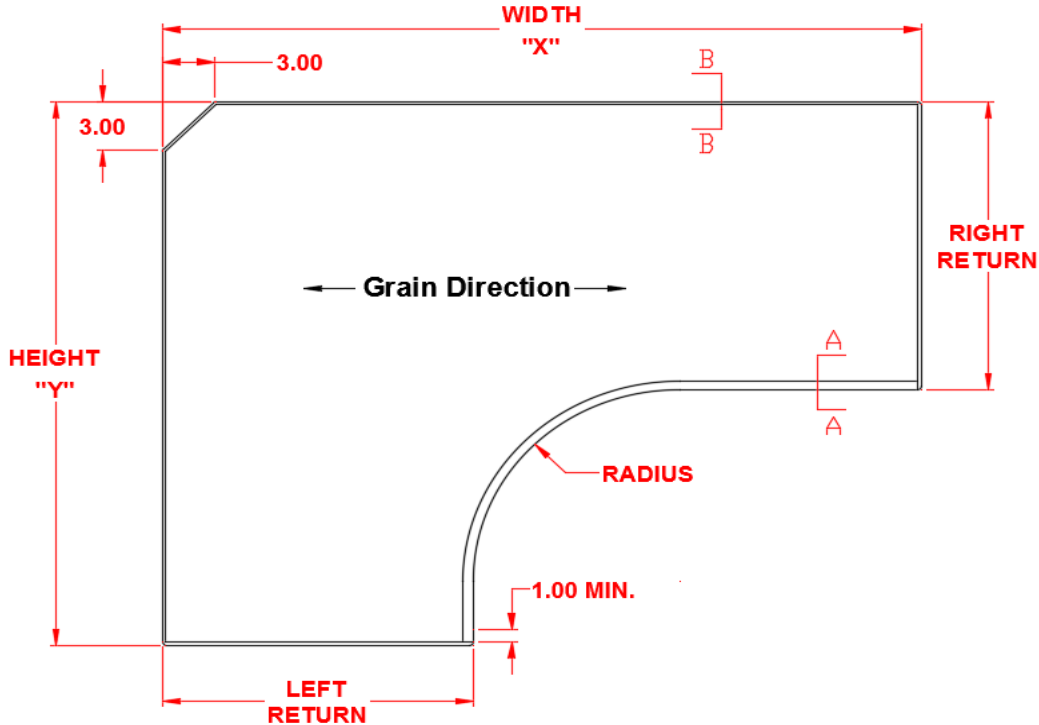
PROJECT NAME _____

QUOTE ID _____

BILL TO			SHIP TO			<input type="checkbox"/> Commercial	
						<input type="checkbox"/> Residential	
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-CCR

Corner Curved - Right



Quantity _____ Width "X" _____

Thickness _____ Height "Y" _____

(3/4" or 1") Right Return _____

Left Return _____

Foil # _____

Foil Name _____

Backer Color _____

Notes

- Width "X" Max of 96"
- Height "Y" Max of 47"
- Width "X" Min = Left Return + 2"
- Height "Y" Min = Right Return + 2"
- Corner Radii = 3/16"
- Radius varies with Size, max of 12"

Primary Profile (A) - Select ONE Primary Profile

3/4" SLOPE

1" SLOPE

CLIFF 3/16" radius

3/4" WATERFALL

1" WATERFALL

LEDGE 1/16" radius

Secondary Profile (B)

CLIFF 3/16" radius

LEDGE 1/16" radius

PACKING INSTRUCTIONS - add'l charges apply

Downstack Box

Bundlwrap Tag

Other _____

SHIPPING PREFERENCE

UPS Ground Int'l UPS CPU (Cust Pick-Up)

UPS NDA LTL Carrier CTS (Cust Scheduled)

UPS 2DA LTL Call for Apt

UPS 3DA Liftgate Required

RECEIVING CAPABILITIES

Loading Dock

Pallet Jack

Forklift



3DL SURFACES ORDER FORM

Inquiry Request: PAGE _____ OF _____

CUSTOMER SERVICE: ORDER DATE _____ CUST ID _____
 Phone | 877-998-1814 ORDERED BY _____ PO # _____
 Fax | 218-736-7919 PHONE _____ PROJECT NAME _____
orders@northerncontours.com FAX _____ QUOTE ID _____
 EMAIL _____

BILL TO			SHIP TO			<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-CUSTOM Custom Design

Quantity _____ Width "X" _____
 Thickness _____ Height "Y" _____
 (3/4" or 1") Right Return _____ Foil # _____
 Left Return _____ Foil Name _____
 Backer Color _____

Notes
 - Draw custom part above
 - 1 part per order form
 - Add Profile Letter (A or B) to all sides
 - Indicate dimensions and grain direction
 - Max Width "X" is 96"
 - Max Height "Y" is 47"
 - Min Outside Corner Radii = 3/16"
 - Min Inside Corner Radii = 1/2"
 - Corner Radii where two profiles A's meet - 1"

Primary Profile (A) - Select ONE Primary Profile

3/4" SLOPE 3/4" WATERFALL
 1" SLOPE 1" WATERFALL
 CLIFF 3/16" radius LEDGE 1/16" radius

Secondary Profile (B)

CLIFF 3/16" radius
 LEDGE 1/16" radius

PACKING INSTRUCTIONS - add'l charges apply

Downstack Box
 Bundlewrap Tag
 Other _____

SHIPPING PREFERENCE

UPS Ground Int'l UPS CPU
 UPS NDA LTL Carrier (Cust Pick-Up)
 UPS 2DA LTL Call for Apt CTS
 UPS 3DA Liftgate Required (Cust Scheduled)

RECEIVING CAPABILITIES

Loading Dock
 Pallet Jack
 Forklift



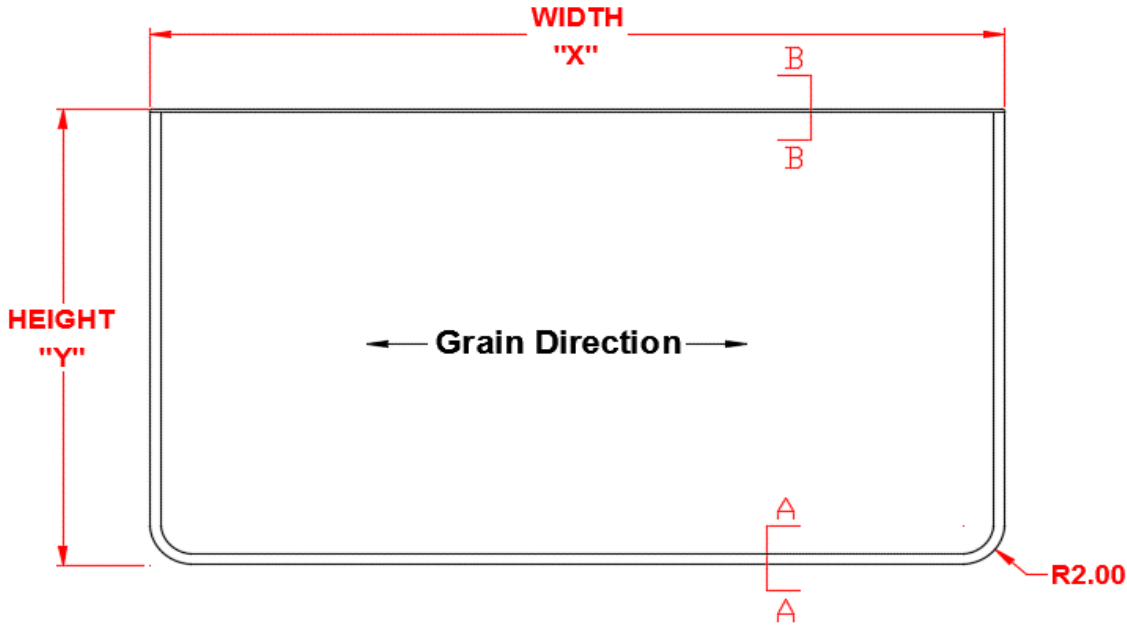
3DL SURFACES ORDER FORM

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 Phone | 877-998-1814 ORDERED BY _____ PO # _____
 Fax | 218-736-7919 PHONE _____ PROJECT NAME _____
orders@northerncontours.com FAX _____ QUOTE ID _____
 EMAIL _____

BILL TO			SHIP TO			<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-DL D Shape (Long Profile)



Quantity _____ Thickness _____ (3/4" or 1") Width "X" _____ Height "Y" _____

Foil # _____ Foil Name _____ Backer Color _____

Notes - Width "X" Max of 96" - Height "Y" Max of 47" - Corner Radii = 3/16"	Primary Profile (A) - Select ONE Primary Profile <input type="checkbox"/> 3/4" SLOPE <input type="checkbox"/> 1" SLOPE <input type="checkbox"/> CLIFF 3/16" radius	<input type="checkbox"/> 3/4" WATERFALL <input type="checkbox"/> 1" WATERFALL <input type="checkbox"/> LEDGE 1/16" radius	Secondary Profile (B) <input type="checkbox"/> CLIFF 3/16" radius <input type="checkbox"/> LEDGE 1/16" radius
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PACKING INSTRUCTIONS - add'l charges apply <input type="checkbox"/> Downstack <input type="checkbox"/> Bundlewrap <input type="checkbox"/> Other _____ <input type="checkbox"/> Box <input type="checkbox"/> Tag	SHIPPING PREFERENCE <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS NDA <input type="checkbox"/> UPS 2DA <input type="checkbox"/> UPS 3DA <input type="checkbox"/> Int'l UPS <input type="checkbox"/> LTL Carrier <input type="checkbox"/> LTL Call for Apt <input type="checkbox"/> Litigate Required <input type="checkbox"/> CPU <input type="checkbox"/> (Cust Pick-Up) <input type="checkbox"/> CTS <input type="checkbox"/> (Cust Scheduled)	RECEIVING CAPABILITIES <input type="checkbox"/> Loading Dock <input type="checkbox"/> Pallet Jack <input type="checkbox"/> Forklift
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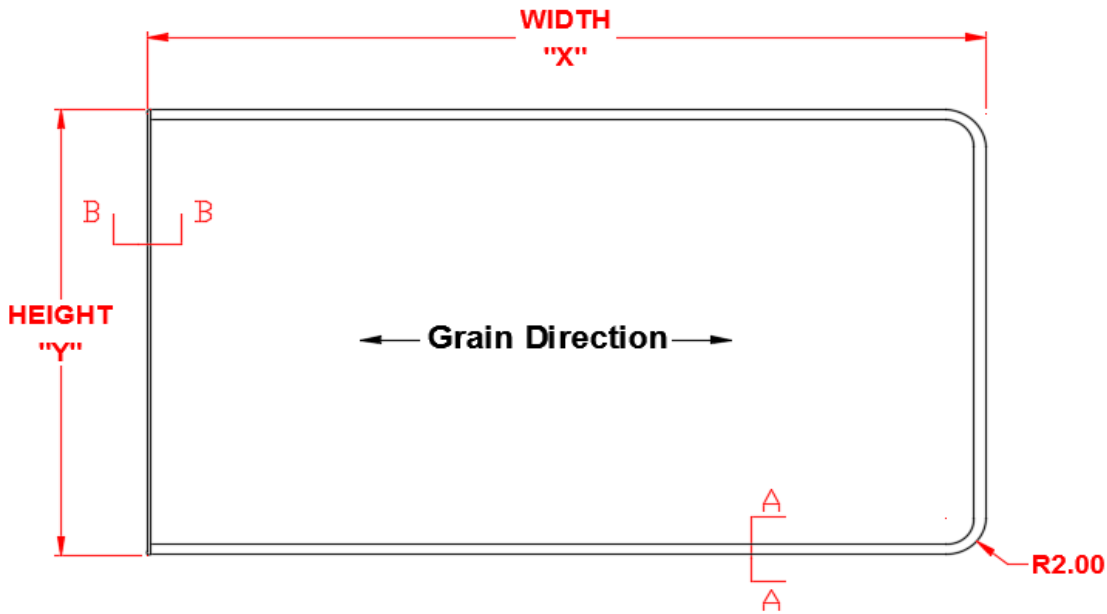
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orders@northerncontours.com FAX _____ QUOTE ID _____
 EMAIL _____

BILL TO			SHIP TO			<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-DS D Shape (Short Profile)



Quantity _____ Thickness _____ (3/4" or 1") Width "X" _____ Height "Y" _____ Foil # _____ Foil Name _____ Backer Color _____

Notes - Width "X" Max of 96" - Height "Y" Max of 47" - Corner Radii = 3/16"	Primary Profile (A) - Select ONE Primary Profile <input type="checkbox"/> 3/4" SLOPE <input type="checkbox"/> 1" SLOPE <input type="checkbox"/> CLIFF 3/16" radius	<input type="checkbox"/> 3/4" WATERFALL <input type="checkbox"/> 1" WATERFALL <input type="checkbox"/> LEDGE 1/16" radius	Secondary Profile (B) <input type="checkbox"/> CLIFF 3/16" radius <input type="checkbox"/> LEDGE 1/16" radius
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PACKING INSTRUCTIONS - add'l charges apply <input type="checkbox"/> Downstack <input type="checkbox"/> Bundlewrap <input type="checkbox"/> Other _____ <input type="checkbox"/> Box <input type="checkbox"/> Tag	SHIPPING PREFERENCE <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS NDA <input type="checkbox"/> UPS 2DA <input type="checkbox"/> UPS 3DA <input type="checkbox"/> Int'l UPS <input type="checkbox"/> LTL Carrier <input type="checkbox"/> LTL Call for Apt <input type="checkbox"/> Liftgate Required <input type="checkbox"/> CPU (Cust Pick-Up) <input type="checkbox"/> CTS (Cust Scheduled)	RECEIVING CAPABILITIES <input type="checkbox"/> Loading Dock <input type="checkbox"/> Pallet Jack <input type="checkbox"/> Forklift
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Phone | 877-998-1814 ORDERED BY _____ PO # _____

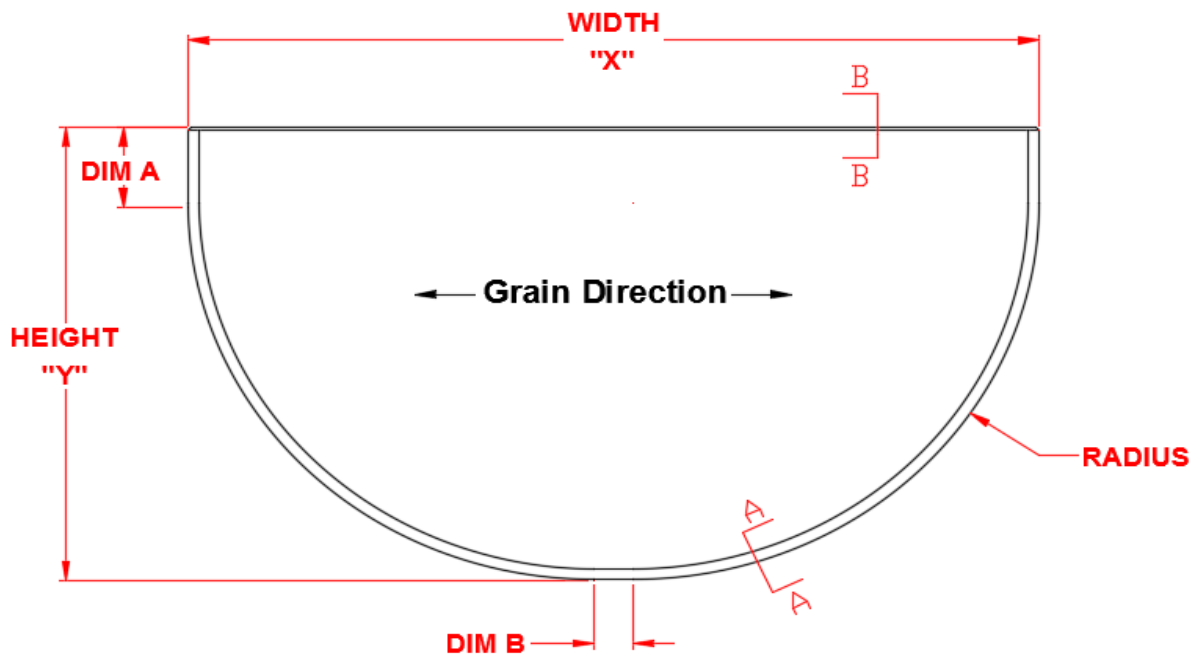
Fax | 218-736-7919 PHONE _____ PROJECT NAME _____

orders@northerncontours.com FAX _____ QUOTE ID _____

EMAIL _____

BILL TO			SHIP TO			<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-HR Half Round



Quantity _____ Foil # _____

Thickness _____ Width "X" _____ Foil Name _____

(3/4" or 1") Height "Y" _____ Backer Color _____

Notes

- Width "X" Max of 96"
- Height "Y" Max of 47"
- Dim A & Dim B to vary with Width "X" and Height "Y"
- Radius Varies with Width "X" and Height "Y"
- Corner Radii = 3/16"

Primary Profile (A) - Select ONE Primary Profile

<input type="checkbox"/> 3/4" SLOPE	<input type="checkbox"/> 3/4" WATERFALL
<input type="checkbox"/> 1" SLOPE	<input type="checkbox"/> 1" WATERFALL
<input type="checkbox"/> CLIFF 3/16" radius	<input type="checkbox"/> LEDGE 1/16" radius

Secondary Profile (B)

<input type="checkbox"/> CLIFF 3/16" radius
<input type="checkbox"/> LEDGE 1/16" radius

PACKING INSTRUCTIONS - add'l charges apply

<input type="checkbox"/> Downstack	<input type="checkbox"/> Box
<input type="checkbox"/> Bundlewrap	<input type="checkbox"/> Tag
<input type="checkbox"/> Other _____	

SHIPPING PREFERENCE

<input type="checkbox"/> UPS Ground	<input type="checkbox"/> Int'l UPS	<input type="checkbox"/> CPU
<input type="checkbox"/> UPS NDA	<input type="checkbox"/> LTL Carrier	(Cust Pick-Up)
<input type="checkbox"/> UPS 2DA	<input type="checkbox"/> LTL Call for Apt	<input type="checkbox"/> CTS
<input type="checkbox"/> UPS 3DA	<input type="checkbox"/> Liftgate Required	(Cust Scheduled)

RECEIVING CAPABILITIES

<input type="checkbox"/> Loading Dock
<input type="checkbox"/> Pallet Jack
<input type="checkbox"/> Forklift



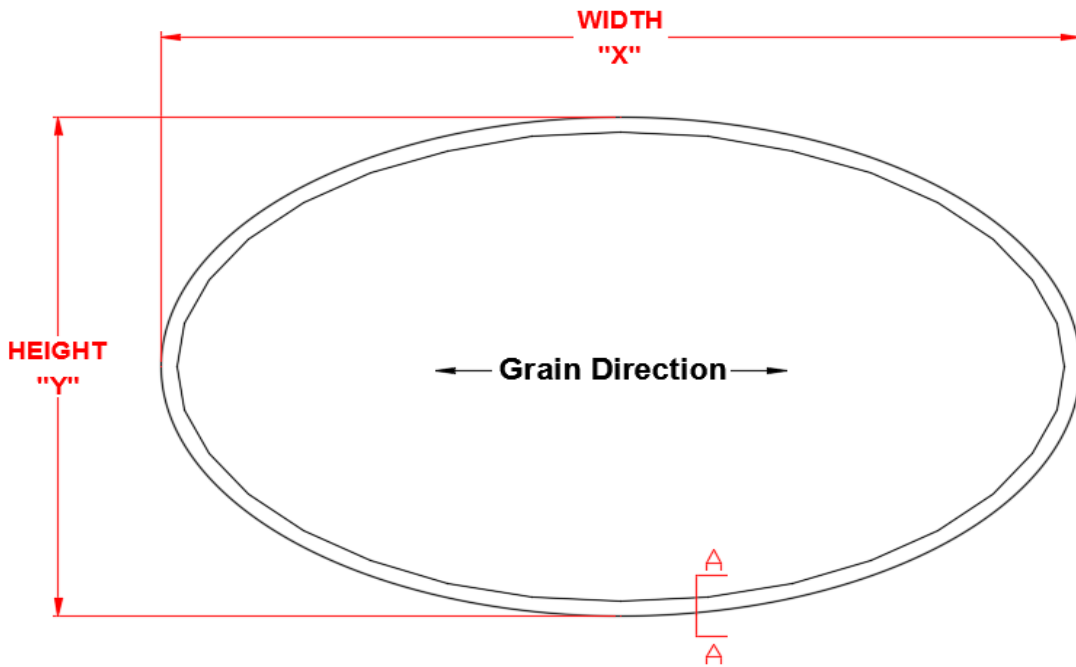
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CUSTOMER SERVICE: ORDER DATE _____ CUST ID _____
 Phone | 877-998-1814 ORDERED BY _____ PO # _____
 Fax | 218-736-7919 PHONE _____ PROJECT NAME _____
orders@northerncontours.com FAX _____ QUOTE ID _____
 EMAIL _____

BILL TO			SHIP TO			<input type="checkbox"/> Commercial	
						<input type="checkbox"/> Residential	
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-OVAL Oval



Quantity _____ Foil # _____
 Thickness _____ Width "X" _____ Foil Name _____
 (3/4" or 1") Height "Y" _____ Backer Color _____

Notes
 - Width "X" Max of 96"
 - Height "Y" Max of 47"

Primary Profile (A) - Select ONE Primary Profile

<input type="checkbox"/> 3/4" SLOPE	<input type="checkbox"/> 3/4" WATERFALL
<input type="checkbox"/> 1" SLOPE	<input type="checkbox"/> 1" WATERFALL
<input type="checkbox"/> CLIFF 3/16" radius	<input type="checkbox"/> LEDGE 1/16" radius

PACKING INSTRUCTIONS - add'l charges apply

Downstack Box
 Bundlewrap Tag
 Other _____

SHIPPING PREFERENCE

UPS Ground Int'l UPS CPU
 UPS NDA LTL Carrier (Cust Pick-Up)
 UPS 2DA LTL Call for Apt CTS
 UPS 3DA Liftgate Required (Cust Scheduled)

RECEIVING CAPABILITIES

Loading Dock
 Pallet Jack
 Forklift



3DL SURFACES ORDER FORM

Inquiry Request: PAGE _____ OF _____

CUSTOMER SERVICE:

Phone | 877-998-1814

Fax | 218-736-7919

orders@northerncontours.com

ORDER DATE _____

ORDERED BY _____

PHONE _____

FAX _____

EMAIL _____

CUST ID _____

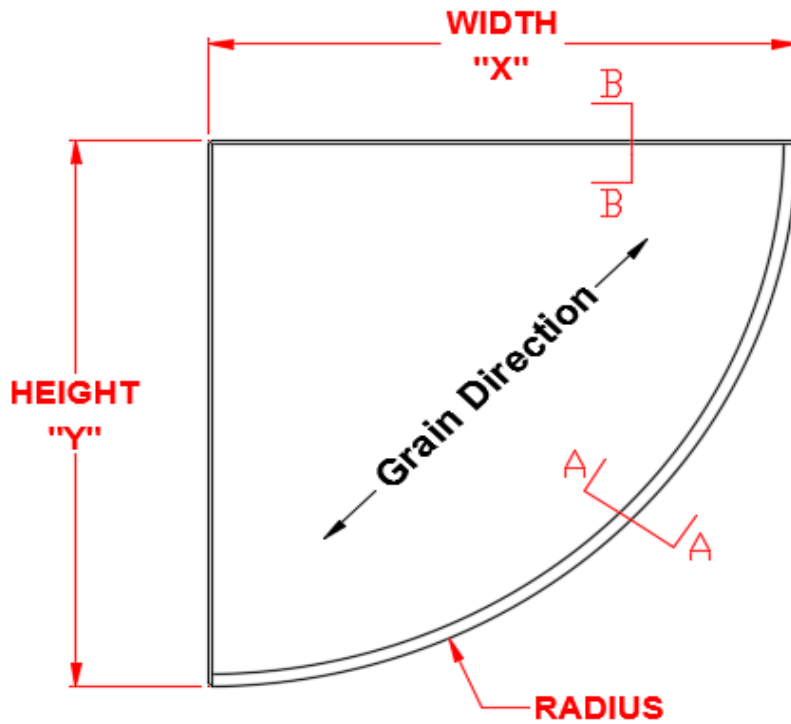
PO # _____

PROJECT NAME _____

QUOTE ID _____

BILL TO			SHIP TO			<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-QTRR Quarter Round



Quantity _____ Thickness _____ (3/4" or 1")

Width "X" _____ Height "Y" _____

Foil # _____ Foil Name _____ Backer Color _____

Notes - Width "X" Max of 47" - Height "Y" Max of 47" - Corner Radii = 3/16" - Radius Varies with Size	Primary Profile (A) - Select ONE Primary Profile <input type="checkbox"/> 3/4" SLOPE <input type="checkbox"/> 1" SLOPE <input type="checkbox"/> CLIFF 3/16" radius <input type="checkbox"/> LEDGE 1/16" radius	Secondary Profile (B) <input type="checkbox"/> 3/4" WATERFALL <input type="checkbox"/> 1" WATERFALL <input type="checkbox"/> CLIFF 3/16" radius <input type="checkbox"/> LEDGE 1/16" radius
--	---	--

PACKING INSTRUCTIONS - add'l charges apply <input type="checkbox"/> Downstack <input type="checkbox"/> Bundlewrap <input type="checkbox"/> Other _____ <input type="checkbox"/> Box <input type="checkbox"/> Tag	SHIPPING PREFERENCE <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS NDA <input type="checkbox"/> UPS 2DA <input type="checkbox"/> UPS 3DA <input type="checkbox"/> Int'l UPS <input type="checkbox"/> LTL Carrier <input type="checkbox"/> LTL Call for Apt <input type="checkbox"/> Liftgate Required <input type="checkbox"/> CPU <input type="checkbox"/> (Cust Pick-Up) <input type="checkbox"/> CTS <input type="checkbox"/> (Cust Scheduled)	RECEIVING CAPABILITIES <input type="checkbox"/> Loading Dock <input type="checkbox"/> Pallet Jack <input type="checkbox"/> Forklift
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3DL SURFACES ORDER FORM

Inquiry Request: PAGE _____ OF _____

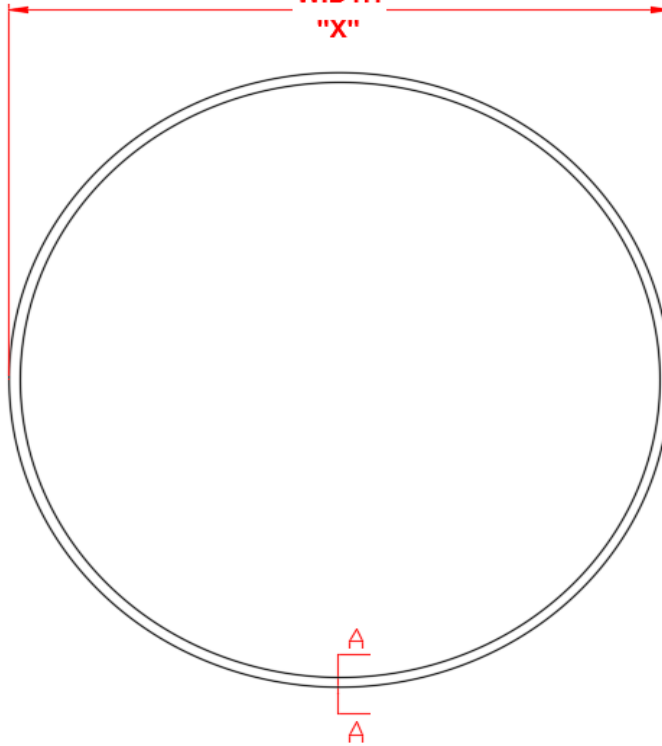
CUSTOMER SERVICE: ORDER DATE _____ CUST ID _____
 Phone | 877-998-1814 ORDERED BY _____ PO # _____
 Fax | 218-736-7919 PHONE _____ PROJECT NAME _____
orders@northerncontours.com FAX _____ QUOTE ID _____
 EMAIL _____

BILL TO			SHIP TO			<input type="checkbox"/> Commercial	
						<input type="checkbox"/> Residential	
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-RND

Round

WIDTH
"X"



Quantity _____ Foil # _____
 Thickness _____ (3/4" or 1") Foil Name _____
 Width "X" _____ Backer Color _____

Notes
 - Width "X" Max of 47"

Primary Profile (A) - Select ONE Primary Profile

- | | |
|--|--|
| <input type="checkbox"/> 3/4" SLOPE | <input type="checkbox"/> 3/4" WATERFALL |
| <input type="checkbox"/> 1" SLOPE | <input type="checkbox"/> 1" WATERFALL |
| <input type="checkbox"/> CLIFF
3/16" radius | <input type="checkbox"/> LEDGE
1/16" radius |

PACKING INSTRUCTIONS - add'l charges apply

- | | |
|--------------------------------------|------------------------------|
| <input type="checkbox"/> Downstack | <input type="checkbox"/> Box |
| <input type="checkbox"/> Bundlewrap | <input type="checkbox"/> Tag |
| <input type="checkbox"/> Other _____ | |

SHIPPING PREFERENCE

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> UPS Ground | <input type="checkbox"/> Int'l UPS | <input type="checkbox"/> CPU
(Cust Pick-Up) |
| <input type="checkbox"/> UPS NDA | <input type="checkbox"/> LTL Carrier | <input type="checkbox"/> CTS
(Cust Scheduled) |
| <input type="checkbox"/> UPS 2DA | <input type="checkbox"/> LTL Call for Apt | |
| <input type="checkbox"/> UPS 3DA | <input type="checkbox"/> Liftgate Required | |

RECEIVING CAPABILITIES

- Loading Dock
- Pallet Jack
- Forklift



3DL SURFACES ORDER FORM

Inquiry Request:

PAGE _____ OF _____

CUSTOMER SERVICE:

Phone | 877-998-1814

Fax | 218-736-7919

orders@northerncontours.com

ORDER DATE _____

ORDERED BY _____

PHONE _____

FAX _____

EMAIL _____

CUST ID _____

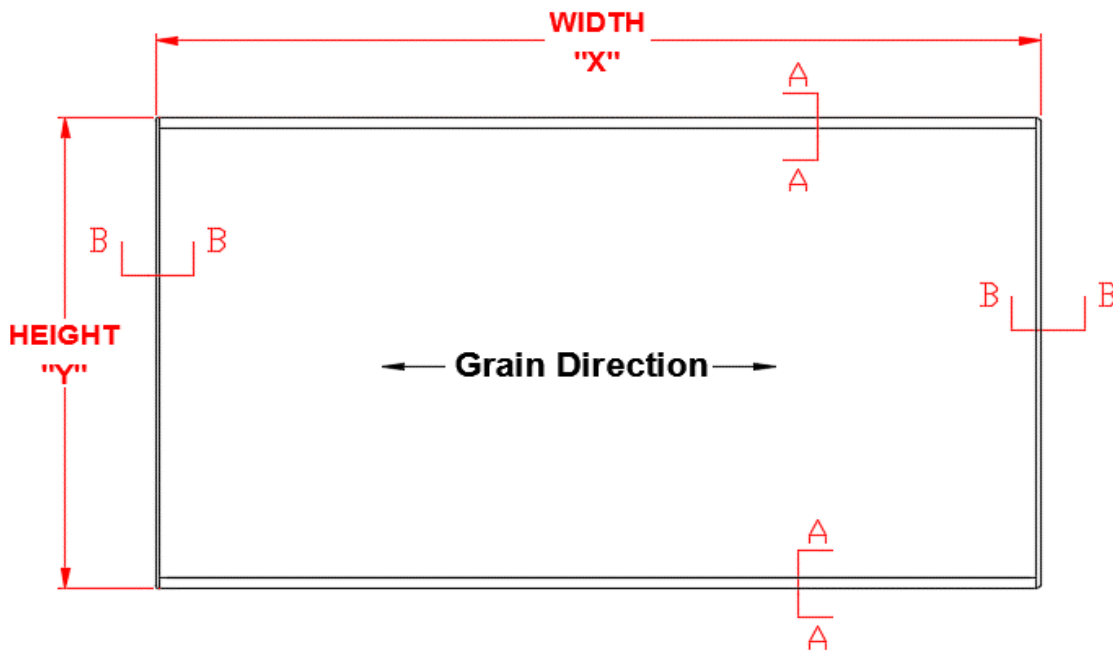
PO # _____

PROJECT NAME _____

QUOTE ID _____

BILL TO			SHIP TO			<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-SD Straight with Double Profile



Quantity _____ Thickness _____ (3/4" or 1")

Width "X" _____ Height "Y" _____

Foil # _____ Foil Name _____ Backer Color _____

Notes - Width "X" Max of 96" - Height "Y" Max of 47" - Corner Radii = 3/16"	Primary Profile (A) - Select ONE Primary Profile <input type="checkbox"/> 3/4" SLOPE <input type="checkbox"/> 1" SLOPE <input type="checkbox"/> CLIFF 3/16" radius	<input type="checkbox"/> 3/4" WATERFALL <input type="checkbox"/> 1" WATERFALL <input type="checkbox"/> LEDGE 1/16" radius	Secondary Profile (B) <input type="checkbox"/> CLIFF 3/16" radius <input type="checkbox"/> LEDGE 1/16" radius
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PACKING INSTRUCTIONS - add'l charges apply <input type="checkbox"/> Downstack <input type="checkbox"/> Bundlewrap <input type="checkbox"/> Other _____ <input type="checkbox"/> Box <input type="checkbox"/> Tag	SHIPPING PREFERENCE <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS NDA <input type="checkbox"/> UPS 2DA <input type="checkbox"/> UPS 3DA <input type="checkbox"/> Int'l UPS <input type="checkbox"/> LTL Carrier <input type="checkbox"/> LTL Call for Apt <input type="checkbox"/> Liftgate Required <input type="checkbox"/> CPU <input type="checkbox"/> (Cust Pick-Up) <input type="checkbox"/> CTS <input type="checkbox"/> (Cust Scheduled)	RECEIVING CAPABILITIES <input type="checkbox"/> Loading Dock <input type="checkbox"/> Pallet Jack <input type="checkbox"/> Forklift
--	--	---



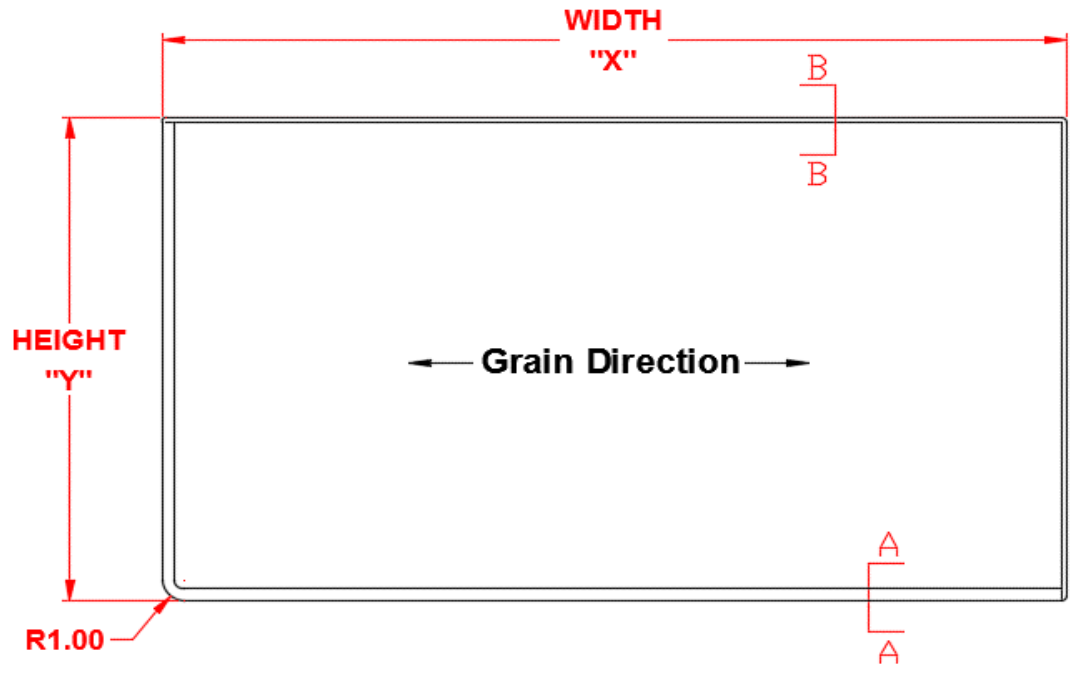
3DL SURFACES ORDER FORM

Inquiry Request: PAGE _____ OF _____

CUSTOMER SERVICE: ORDER DATE _____ CUST ID _____
 Phone | 877-998-1814 ORDERED BY _____ PO # _____
 Fax | 218-736-7919 PHONE _____ PROJECT NAME _____
orders@northerncontours.com FAX _____ QUOTE ID _____
 EMAIL _____

BILL TO			SHIP TO			<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-SEL Straight End - Left



Quantity _____ Foil # _____
 Thickness _____ Width "X" _____ Foil Name _____
 (3/4" or 1") Height "Y" _____ Backer Color _____

Notes
 - Width "X" Max of 96"
 - Height "Y" Max of 47"
 - Corner Radii = 3/16"

Primary Profile (A) - Select ONE Primary Profile

<input type="checkbox"/> 3/4" SLOPE	<input type="checkbox"/> 3/4" WATERFALL
<input type="checkbox"/> 1" SLOPE	<input type="checkbox"/> 1" WATERFALL
<input type="checkbox"/> CLIFF 3/16" radius	<input type="checkbox"/> LEDGE 1/16" radius

Secondary Profile (B)

<input type="checkbox"/> CLIFF 3/16" radius
<input type="checkbox"/> LEDGE 1/16" radius

PACKING INSTRUCTIONS - add'l charges apply

<input type="checkbox"/> Downstack	<input type="checkbox"/> Box
<input type="checkbox"/> Bundlewrap	<input type="checkbox"/> Tag
<input type="checkbox"/> Other _____	

SHIPPING PREFERENCE

<input type="checkbox"/> UPS Ground	<input type="checkbox"/> Int'l UPS	<input type="checkbox"/> CPU
<input type="checkbox"/> UPS NDA	<input type="checkbox"/> LTL Carrier	(Cust Pick-Up)
<input type="checkbox"/> UPS 2DA	<input type="checkbox"/> LTL Call for Apt	<input type="checkbox"/> CTS
<input type="checkbox"/> UPS 3DA	<input type="checkbox"/> Liftgate Required	(Cust Scheduled)

RECEIVING CAPABILITIES

<input type="checkbox"/> Loading Dock
<input type="checkbox"/> Pallet Jack
<input type="checkbox"/> Forklift



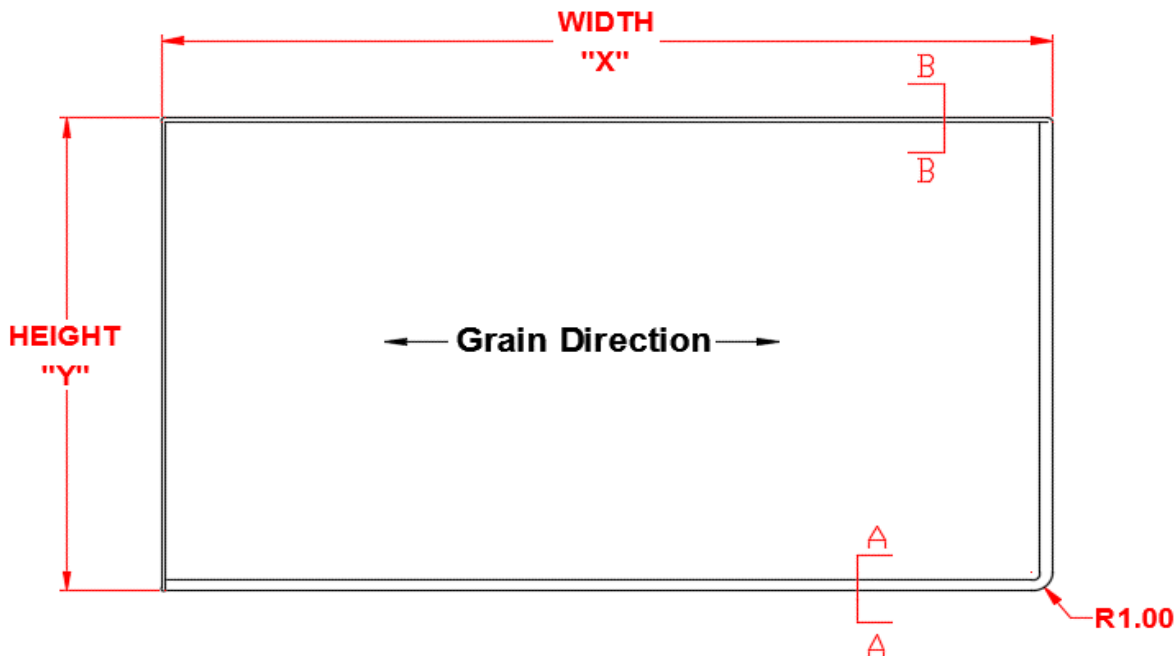
3DL SURFACES ORDER FORM

Inquiry Request: PAGE _____ OF _____

CUSTOMER SERVICE: ORDER DATE _____ CUST ID _____
 Phone | 877-998-1814 ORDERED BY _____ PO # _____
 Fax | 218-736-7919 PHONE _____ PROJECT NAME _____
orders@northerncontours.com FAX _____ QUOTE ID _____
 EMAIL _____

BILL TO			SHIP TO			<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-SER Straight End - Right



Quantity _____ Foil # _____
 Thickness _____ Width "X" _____ Foil Name _____
 (3/4" or 1") Height "Y" _____ Backer Color _____

Notes - Width "X" Max of 96" - Height "Y" Max of 47" - Corner Radii = 3/16"	Primary Profile (A) - Select ONE Primary Profile <input type="checkbox"/> 3/4" SLOPE <input type="checkbox"/> 1" SLOPE <input type="checkbox"/> CLIFF 3/16" radius	<input type="checkbox"/> 3/4" WATERFALL <input type="checkbox"/> 1" WATERFALL <input type="checkbox"/> LEDGE 1/16" radius	Secondary Profile (B) <input type="checkbox"/> CLIFF 3/16" radius <input type="checkbox"/> LEDGE 1/16" radius
---	--	---	--

PACKING INSTRUCTIONS - add'l charges apply <input type="checkbox"/> Downstack <input type="checkbox"/> Bundlewrap <input type="checkbox"/> Other _____ <input type="checkbox"/> Box <input type="checkbox"/> Tag	SHIPPING PREFERENCE <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS NDA <input type="checkbox"/> UPS 2DA <input type="checkbox"/> UPS 3DA <input type="checkbox"/> Int'l UPS <input type="checkbox"/> LTL Carrier <input type="checkbox"/> LTL Call for Apt <input type="checkbox"/> Liftgate Required <input type="checkbox"/> CPU <input type="checkbox"/> (Cust Pick-Up) <input type="checkbox"/> CTS <input type="checkbox"/> (Cust Scheduled)	RECEIVING CAPABILITIES <input type="checkbox"/> Loading Dock <input type="checkbox"/> Pallet Jack <input type="checkbox"/> Forklift
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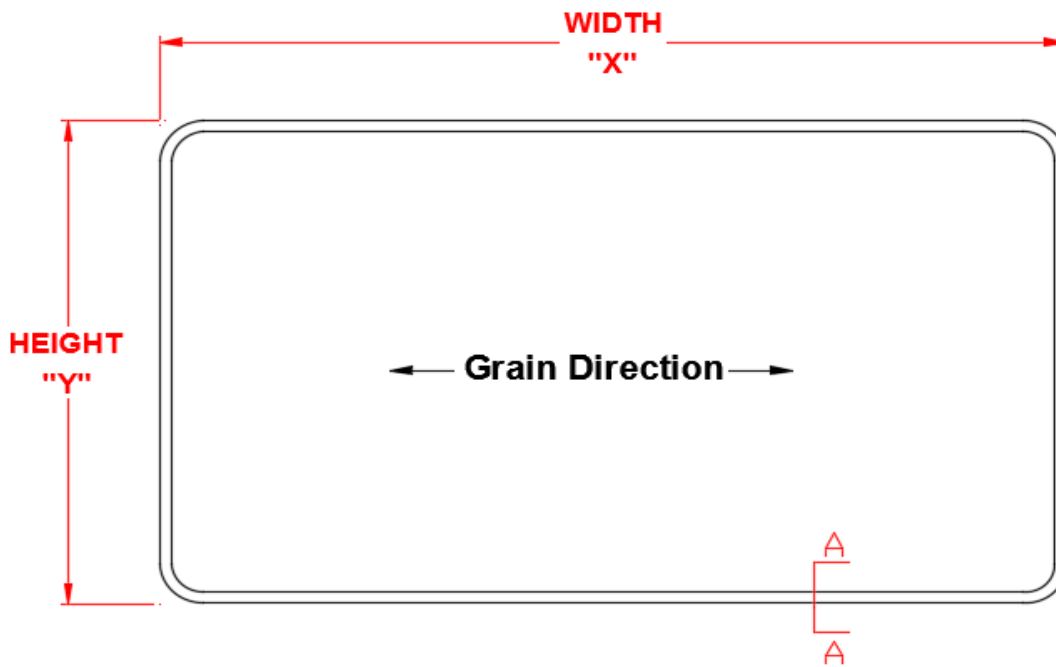
3DL SURFACES ORDER FORM

Inquiry Request: PAGE _____ OF _____

CUSTOMER SERVICE: ORDER DATE _____ CUST ID _____
 Phone | 877-998-1814 ORDERED BY _____ PO # _____
 Fax | 218-736-7919 PHONE _____ PROJECT NAME _____
 orders@northerncontours.com FAX _____ QUOTE ID _____
 EMAIL _____

BILL TO			SHIP TO			Commercial Residential	
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-SP Straight with Profile Around



Quantity _____ Foil # _____
 Thickness _____ Width "X" _____ Foil Name _____
 (3/4" or 1") Height "Y" _____ Backer Color _____

Notes
 - Width "X" Max of 96"
 - Height "Y" Max of 47"
 - Standard Corner Radii = 2"

- Custom Radii = _____
 (Min Radii - 3/16" or .188")

Primary Profile (A) - Select ONE Primary Profile

<input type="checkbox"/> 3/4" SLOPE	<input type="checkbox"/> 3/4" WATERFALL
<input type="checkbox"/> 1" SLOPE	<input type="checkbox"/> 1" WATERFALL
<input type="checkbox"/> CLIFF 3/16" radius	<input type="checkbox"/> LEDGE 1/16" radius

PACKING INSTRUCTIONS - add'l charges apply

Downstack Box
 Bundlewrap Tag
 Other _____

SHIPPING PREFERENCE

UPS Ground Int'l UPS CPU
 UPS NDA LTL Carrier (Cust Pick-Up)
 UPS 2DA LTL Call for Apt CTS
 UPS 3DA Liftgate Required (Cust Scheduled)

RECEIVING CAPABILITIES

Loading Dock
 Pallet Jack
 Forklift



3DL SURFACES ORDER FORM

Inquiry Request:

PAGE _____ OF _____

CUSTOMER SERVICE:

Phone | 877-998-1814

Fax | 218-736-7919

orders@northerncontours.com

ORDER DATE _____

ORDERED BY _____

PHONE _____

FAX _____

EMAIL _____

CUST ID _____

PO # _____

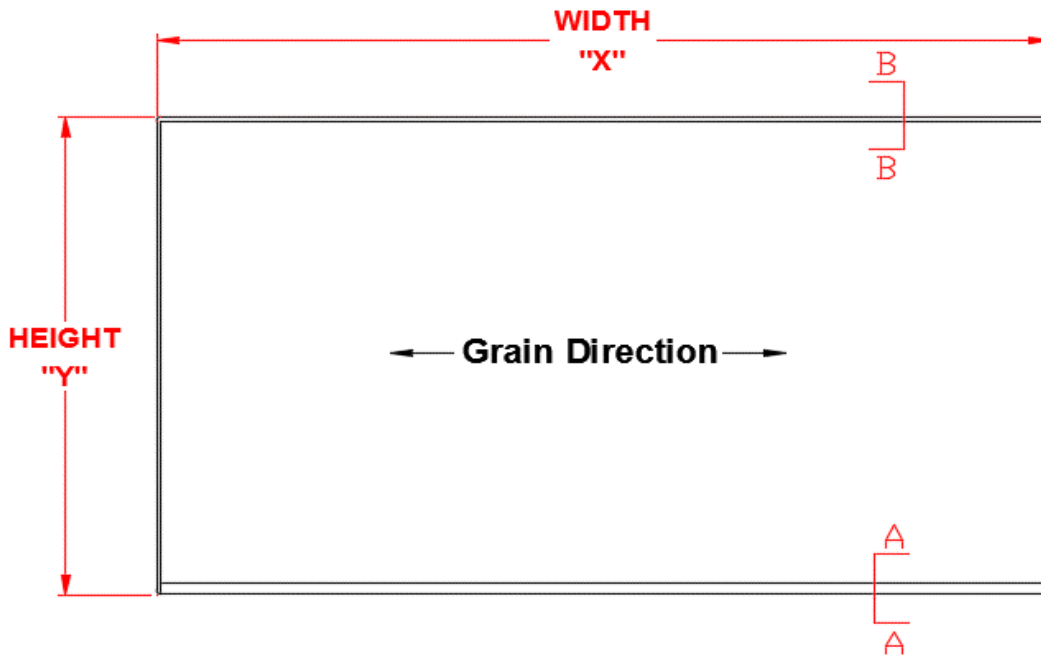
PROJECT NAME _____

QUOTE ID _____

BILL TO			SHIP TO			<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-STRT

Straight



Quantity _____ Thickness _____ (3/4" or 1")

Width "X" _____ Height "Y" _____

Foil # _____ Foil Name _____ Backer Color _____

Notes - Width "X" Max of 96" - Height "Y" Max of 47" - Corner Radii = 3/16"	Primary Profile (A) - Select ONE Primary Profile <input type="checkbox"/> 3/4" SLOPE <input type="checkbox"/> 1" SLOPE <input type="checkbox"/> CLIFF 3/16" radius	<input type="checkbox"/> 3/4" WATERFALL <input type="checkbox"/> 1" WATERFALL <input type="checkbox"/> LEDGE 1/16" radius	Secondary Profile (B) <input type="checkbox"/> CLIFF 3/16" radius <input type="checkbox"/> LEDGE 1/16" radius
---	--	---	--

PACKING INSTRUCTIONS - add'l charges apply <input type="checkbox"/> Downstack <input type="checkbox"/> Bundlewrap <input type="checkbox"/> Other _____	<input type="checkbox"/> Box <input type="checkbox"/> Tag	SHIPPING PREFERENCE <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS NDA <input type="checkbox"/> UPS 2DA <input type="checkbox"/> UPS 3DA <input type="checkbox"/> Int'l UPS <input type="checkbox"/> LTL Carrier <input type="checkbox"/> LTL Call for Apt <input type="checkbox"/> Liftgate Required <input type="checkbox"/> CPU <input type="checkbox"/> (Cust Pick-Up) <input type="checkbox"/> CTS <input type="checkbox"/> (Cust Scheduled)	RECEIVING CAPABILITIES <input type="checkbox"/> Loading Dock <input type="checkbox"/> Pallet Jack <input type="checkbox"/> Forklift
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3DL SURFACES ORDER FORM

Inquiry Request:

PAGE _____ OF _____

CUSTOMER SERVICE:

Phone | 877-998-1814

Fax | 218-736-7919

orders@northerncontours.com

ORDER DATE _____

ORDERED BY _____

PHONE _____

FAX _____

EMAIL _____

CUST ID _____

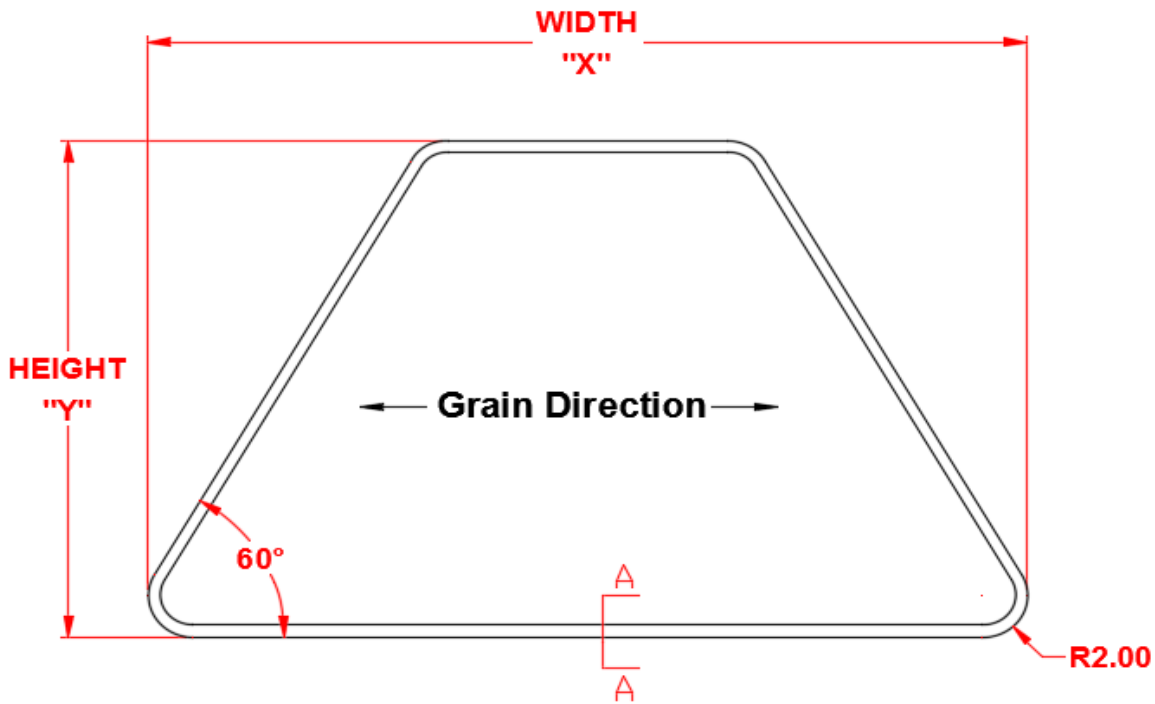
PO # _____

PROJECT NAME _____

QUOTE ID _____

BILL TO			SHIP TO			<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
ADDRESS			ADDRESS				
CITY	ST	ZIP	CITY	ST	ZIP		

NCS-TPZD Trapezoid



Quantity _____ Thickness _____ (3/4" or 1")

Width "X" _____ Height "Y" _____

Foil # _____ Foil Name _____ Backer Color _____

Notes

- Width "X" Max of 96"
- Height "Y" Max of 47"
- If Width "X" is 53.7" or less, Max Height "Y" = Width "X" x 0.875"
- If Width "X" is greater than 53.7", Max Height "Y" = 47"
- Corner Radii = 2"
- Six tops required for Circular (Hexagon) table

Primary Profile (A) - Select ONE Primary Profile

<input type="checkbox"/> 3/4" SLOPE	<input type="checkbox"/> 3/4" WATERFALL
<input type="checkbox"/> 1" SLOPE	<input type="checkbox"/> 1" WATERFALL
<input type="checkbox"/> CLIFF 3/16" radius	<input type="checkbox"/> LEDGE 1/16" radius

PACKING INSTRUCTIONS - add'l charges apply

Downstack Box

Bundlewrap Tag

Other _____

SHIPPING PREFERENCE

<input type="checkbox"/> UPS Ground	<input type="checkbox"/> Int'l UPS	<input type="checkbox"/> CPU (Cust Pick-Up)
<input type="checkbox"/> UPS NDA	<input type="checkbox"/> LTL Carrier	<input type="checkbox"/> CTS (Cust Scheduled)
<input type="checkbox"/> UPS 2DA	<input type="checkbox"/> LTL Call for Apt	
<input type="checkbox"/> UPS 3DA	<input type="checkbox"/> Liftgate Required	

RECEIVING CAPABILITIES

Loading Dock

Pallet Jack

Forklift