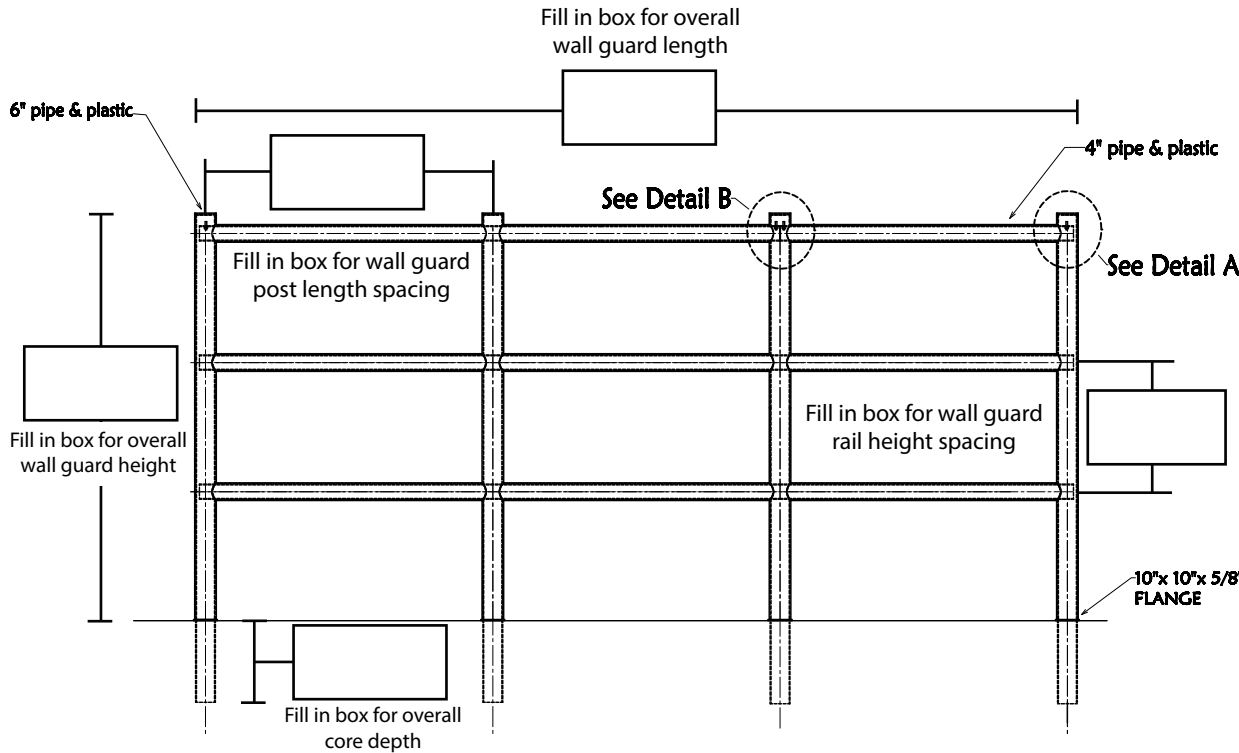


Wall Guard System Product Specifications



Installation Type: Plate-Mount Core-In (circle one)

Core-In Depth: _____ (if applicable)

Name: _____

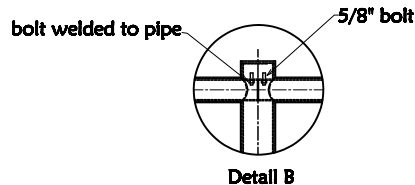
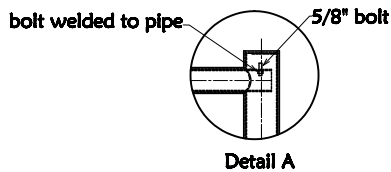
Address: _____

City, State, Zip: _____


Phone: _____

Email: _____

Quantity: _____



Please fax or email your product inquiry to fax #: (313) 842-7860 or info@idealshield.com

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									Wall Guard Systems Quick Quote Form	PROJECT NO.:	SCALE:	
										GENERA:	DRAWING NO.:	
										DATE:	SHEET	OF
											1	1

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