



LED LAYOUT REQUEST FORM

In order to properly estimate the product needs it is vital that we have the following information. Please complete and return this form via fax to 800-762-6337.

Please either fax the artwork along with this form or email the artwork to sales@pioneersupply.com. Please use one of the following formats: .dwg, .pdf, or .jpg.

NOTE: Artwork MUST be provided in order for us to complete your request.

PLEASE ALLOW AT LEAST 24 HOURS FOR PROCESSING

Date: _____ Project Name: _____

Sign Company Name: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone #: _____

Fax#: _____ E-mail Address: _____

Channel letter height: Upper Case: _____ Lower Case: _____

Channel letter stroke width: Upper Case: _____ Lower Case: _____

Type of letter: Face lit: _____ Halo lit: _____

Letter Depth: _____ Return depth if halo lit: _____

Plex face color: _____ Plex#: _____ Thickness: 1/8" 3/16" _____

Mfg: _____ Type: Day/Night Standard

Translucent vinyl face? Y N Color#: _____ Mfg: _____

Brand Preference? Sloan Actown (Please choose **one**)

Additional Information: _____

Please complete all fields with requested data. Your information will insure that we can expeditiously process your request. We cannot provide an accurate estimate without this information.

Pioneer Supply Company: LED Quotation Department
1840 Forbes Ave, Pittsburgh, PA 15219 Phone 800-545-2233

LED modules, power supplies, and related accessories are based on the supplied information and drawings. Channel letter depth, lens color, and thickness used can affect the actual amount of product required (increase or decrease) at the time of installation. Testing with your specific lens material is strongly advised prior to installation.