

## 1 CONTACT INFORMATION

Contact: \_\_\_\_\_  
 Date: \_\_\_\_\_ Project Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Email: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Bid Date: \_\_\_\_\_ Install Date: \_\_\_\_\_

Please email manufacturer's data sheets and CAD drawings with this form to [sales@adaptivetechologiesgroup.com](mailto:sales@adaptivetechologiesgroup.com)  
 Allow a few days for your project to be reviewed. If you need assistance in completing this form, please call **562-424-1100 (Tel) PST** and ask for an application specialist.

## 2 MONITOR INFORMATION

a. Monitor Mfr.: \_\_\_\_\_ Size: \_\_\_\_\_ Model: \_\_\_\_\_ Qty: \_\_\_\_\_  
 Service Access \_\_\_\_\_

b. Monitor Mfr.: \_\_\_\_\_ Size: \_\_\_\_\_ Model: \_\_\_\_\_ Qty: \_\_\_\_\_  
 Service Access \_\_\_\_\_

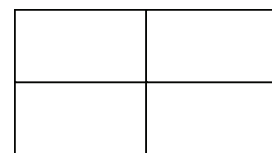
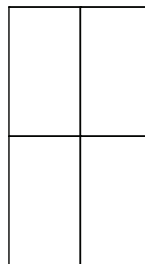
c. Monitor Mfr.: \_\_\_\_\_ Size: \_\_\_\_\_ Model: \_\_\_\_\_ Qty: \_\_\_\_\_  
 Service Access \_\_\_\_\_

## 3 APPLICATION DETAILS (Check-mark all that apply)

### Monitor Use:

Qty Monitors Wide: \_\_\_\_\_ Qty Monitors Tall: \_\_\_\_\_

- |                                       |   |  |   |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Permanent    | <input type="checkbox"/> Bolt Down              | <input type="checkbox"/> Portrait Orientation? | <input type="checkbox"/> Landscape Orientation? |
| <input type="checkbox"/> Touring      | <input type="checkbox"/> Casters                |  |   |
| <input type="checkbox"/> Indoor       | <input type="checkbox"/> Trolley/ Track System? |  |   |
| <input type="checkbox"/> Outdoor      | <input type="checkbox"/> Straight Wall?         |  |   |
| <input type="checkbox"/> Bezel Needed | <input type="checkbox"/> Curved Wall?           |  |   |



Distance from floor to 1st tier of monitors. \_\_\_\_\_

Additional Notes: \_\_\_\_\_  
 \_\_\_\_\_

Note: Some LCD monitors may not be tilted more than 15°