



# LED GROUND SUPPORTED VIDEO WALL WORKSHEET

## 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

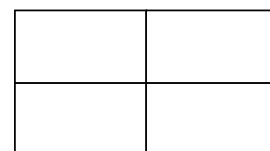
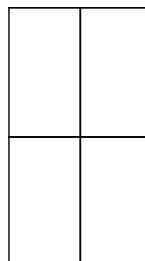
a. Monitor Mfr.: \_\_\_\_\_ Size: \_\_\_\_\_ Model: \_\_\_\_\_ Qty: \_\_\_\_\_  
 Service Access \_\_\_\_\_  
 b. Monitor Mfr.: \_\_\_\_\_ Size: \_\_\_\_\_ Model: \_\_\_\_\_ Qty: \_\_\_\_\_  
 Service Access \_\_\_\_\_  
 c. Monitor Mfr.: \_\_\_\_\_ Size: \_\_\_\_\_ Model: \_\_\_\_\_ Qty: \_\_\_\_\_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

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

### Monitor Use:

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

- Permanent       Bezel Needed       Portrait Orientation?       Landscape Orientation?
- Touring       Trolley/ Track System?
- Indoor       Straight Wall?
- Outdoor       Curved Wall?
- Bolt Down       Casters



Distance from wall (if applicable) \_\_\_\_\_

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

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