

CUSTOMER GATE DETAIL

Name: _____

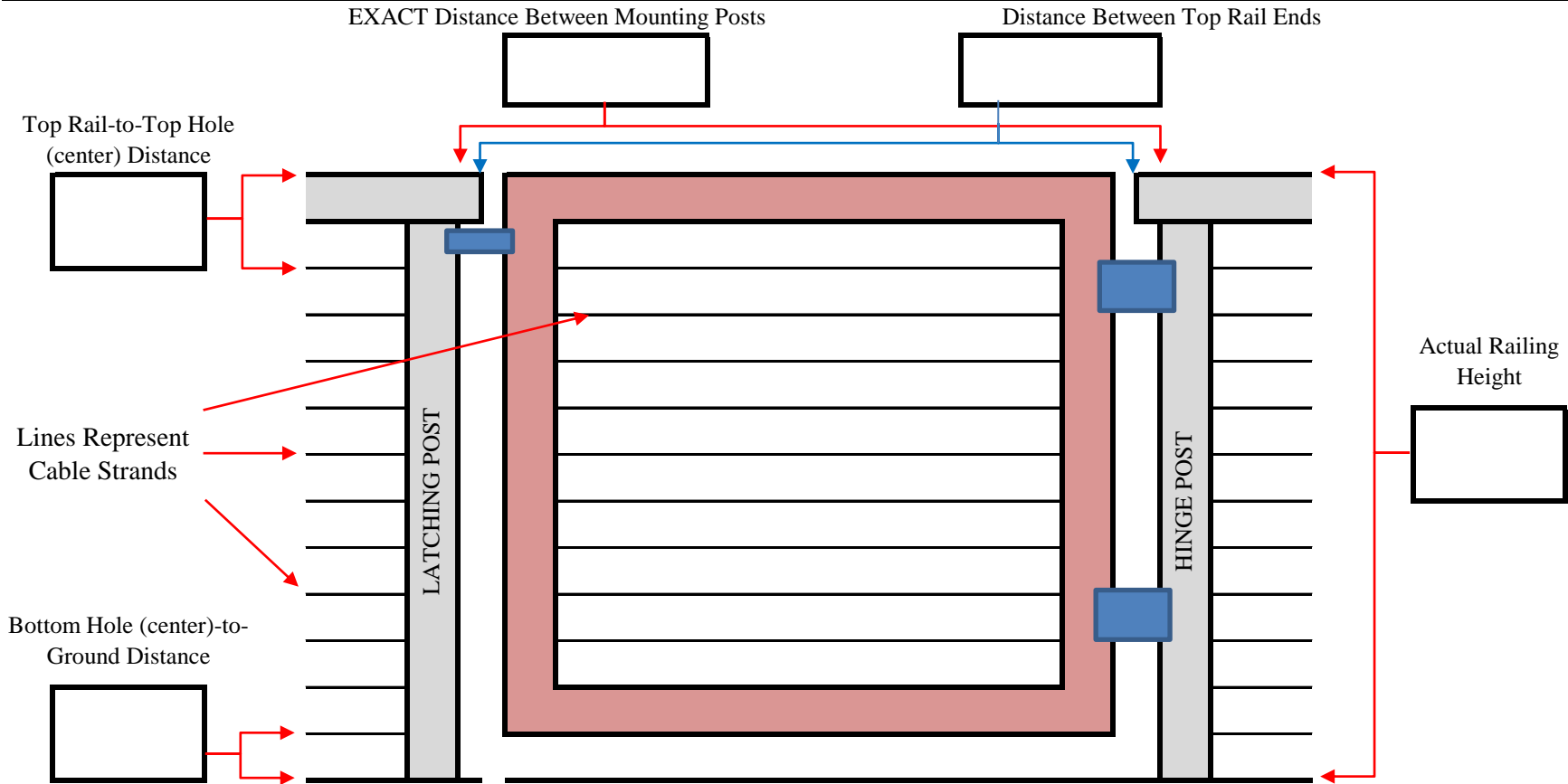
Date: _____

Email: _____

Phone: _____

Quote/Invoice #

***** THE FOLLOWING INFORMATION IS REQUIRED IN ORDER FOR US TO FABRICATE YOUR GATE PROPERLY *****



If you plan to mount wood on top of gate (i.e. To match wood top rail), please enter wood thickness.

Additional Notes:

By entering my name below I certify that the numbers and measurements specified on this form are correct and that fabrication of my product will be based on the information above that I have provided.

X _____