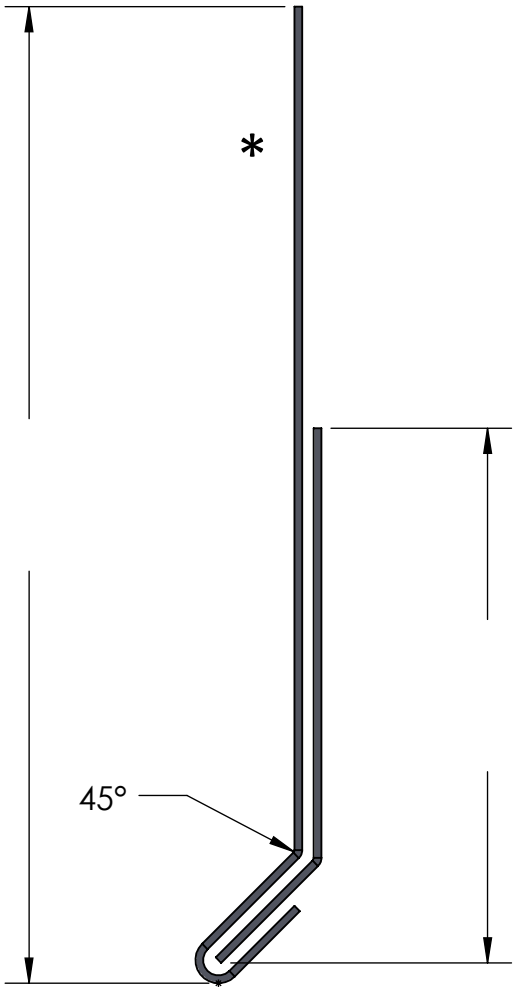
Fascia Extender



Customer: _____ Material/Gauge: _____

Job Name: _____ Manufacturer: _____

Quantity: _____ Color: _____

FOR INTERNAL USE ONLY	FPC	10PC	AUDIT 1	AUDIT 2	CUT SIZE