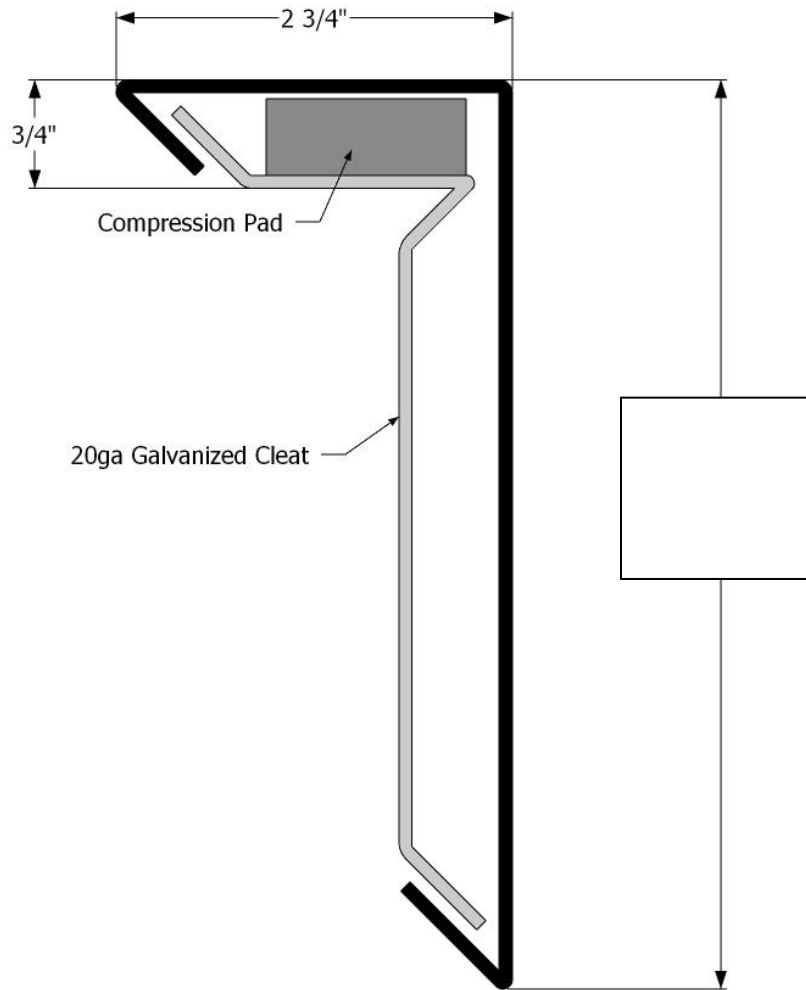




AFAB Snap Edge



Company: _____

Material/Gauge: _____

Job Name: _____

Color: _____

Lineal Feet: _____

Manufacturer: _____

7185 W 200 N Greenfield, IN 46140 | Phone: 317-284-0685 | Fax: 317-284-0688

Please reference approved submittal Drawings For specific installation information and requirements