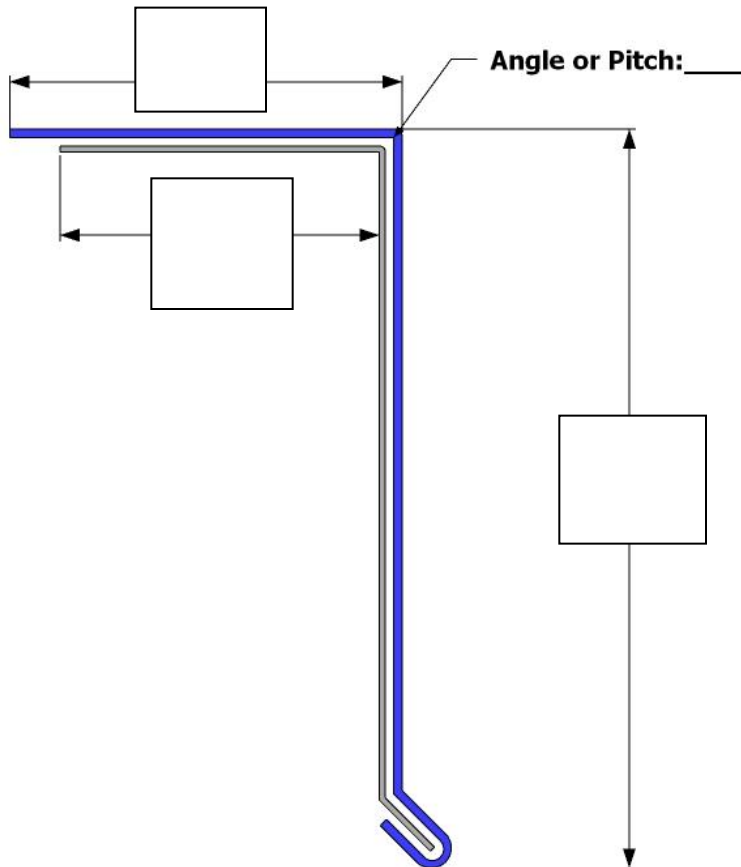




Drip Edge



Customer : _____

Job Name : _____

Material: _____

Color: _____

Manufacturer : _____

Lineal Feet : _____

Joint Splices : Yes or No

Cleat: Yes or No