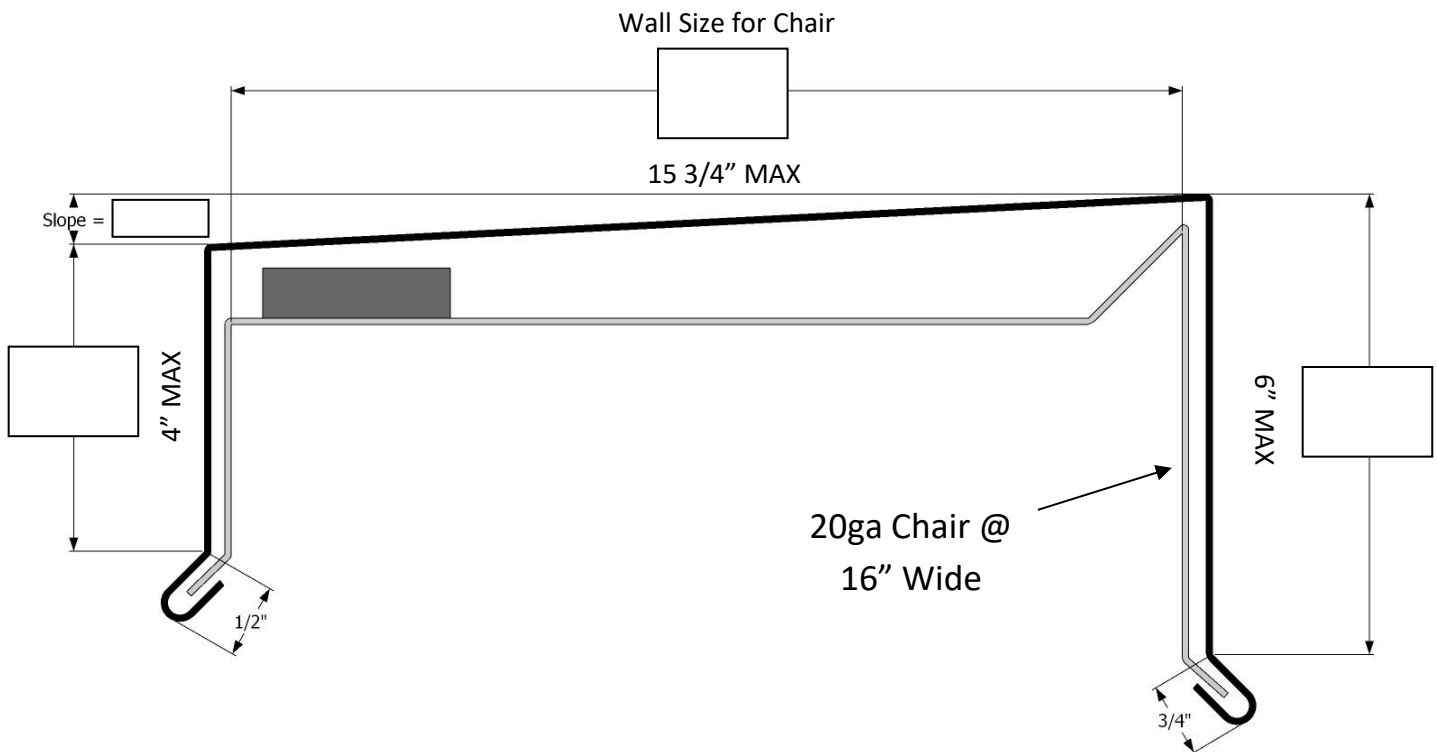




SNAP ON COPING ORDER FORM



Company: _____

Material/Gauge: _____

Job Name: _____

Color: _____

Lineal Feet: _____

Manufacturer: _____

End Caps: R(____) L(____)

Miters: ISC _____ OSC _____