



Property Armor 2910-4 West Beaver Street Jacksonville, FL 32254 Phone 904-356-0092 Fax 904-356-0093

Date _____ Purchase Order _____ Email _____

Customer _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Fax _____

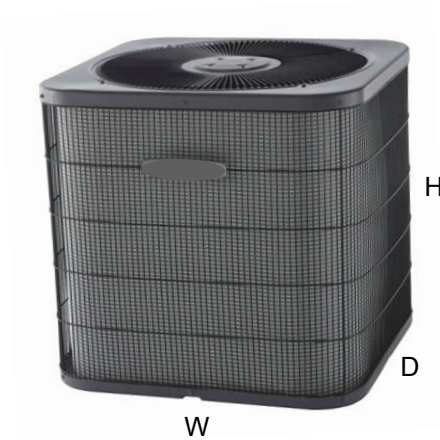
Unit Make _____ Unit Model _____ (If Known)

Unit Dimensions:

W- _____

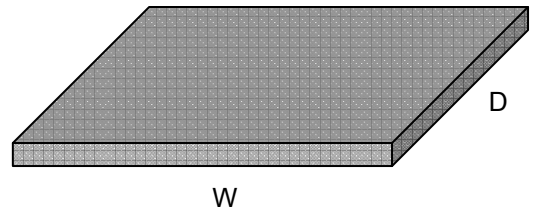
D- _____

H- _____



Pad Dimensions:

W- _____ D- _____ H- _____



Condenser Pad Material

Concrete- _____ Asphalt- _____ Plastic- _____ Rooftop- _____

Condenser Pad Position

Level- _____ Un-Level- _____

Installation Application

Mount to Pad- _____ Mount in Ground- _____

Model of Interest

S1 _____ S2 _____ S3 _____ S4 _____ X90 _____

Size W _____ D _____ H _____ Knock Out Left Rear / Right Rear

Color Option _____ (Additional charge and lead times apply for colors other than black)

Installation Kit Needed Y N Type _____

Local Installation Needed Y N (additional charge) Date ____ / ____ / ____

Cage(s) Ordered Qty _____ Model _____ Size _____

www.PropertyArmor.net