

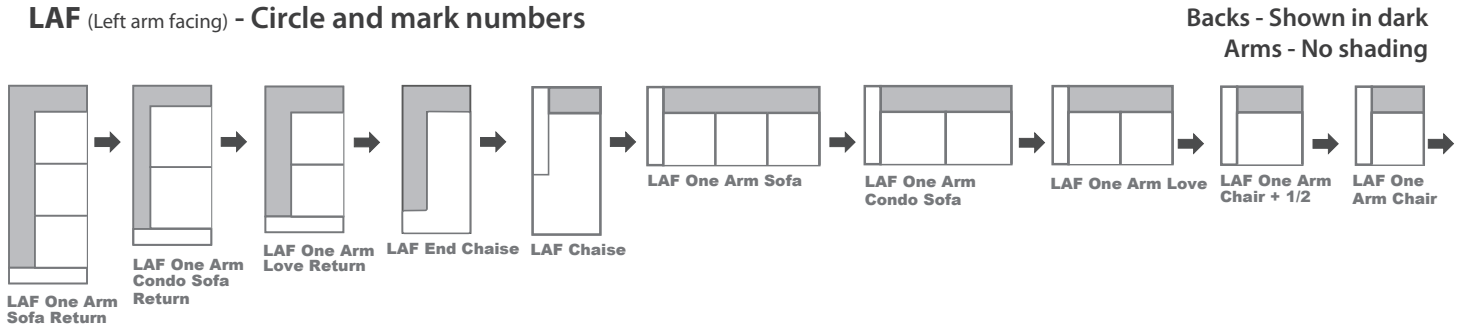
Sectional Facing Form

Please complete this form from (A) to (F) where applicable and submit with original order.

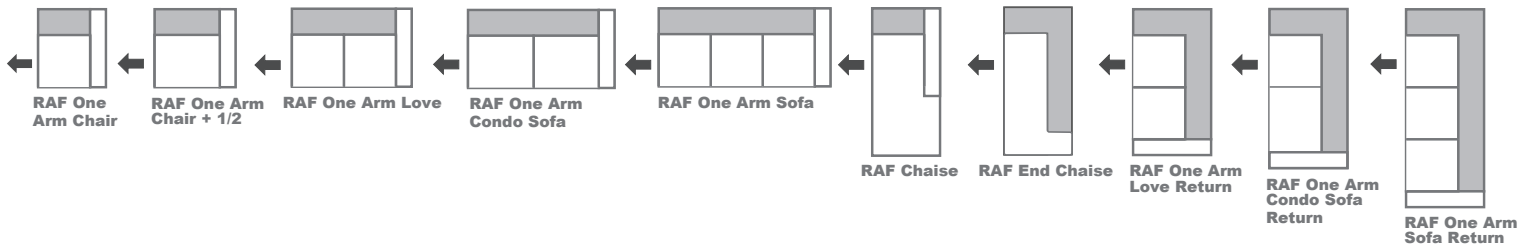
(A) Store Name _____ Date _____ PO# _____

(B) Stand Alone Sectional Set Up (Please check box that applies)

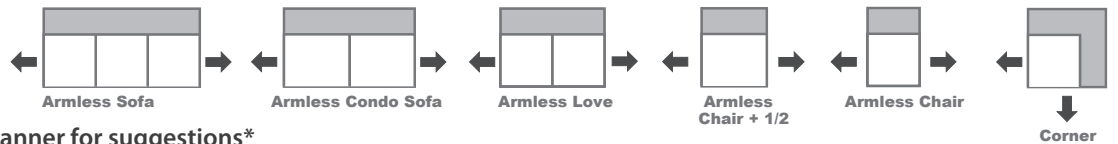
(C) **LAF** (Left arm facing) - Circle and mark numbers



(D) **RAF** (Right arm facing) - Circle and mark numbers



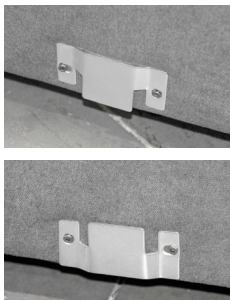
(E) **ARMLESS** - Circle and mark numbers



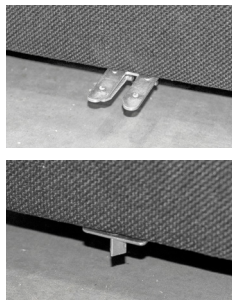
Refer to style sectional planner for suggestions

(F) Check box for: Metal Clamps Alligator Clips
No Clips/Clamps

Metal Clamps



Alligator Clips



Sectional Configuration Illustration

Please number each piece in the order you would like the components to be configured LEFT TO RIGHT

