

AARCO PRODUCTS INC.

Quick Spec

Take-Off Sheet

Fax to 631.924-5843

Att: Estimating

Date _____
P _____ OF _____

Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____

TOTAL _____

Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____

TOTAL _____

Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____

TOTAL _____

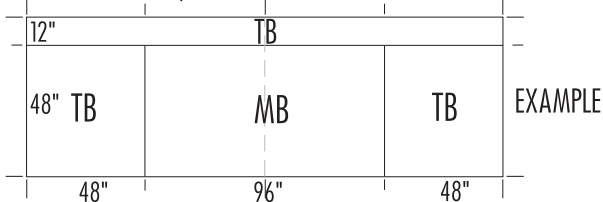
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____

TOTAL _____

Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____
Rm # _____	Qty. _____	Qty. _____	Qty. _____	Qty. _____

TOTAL _____

NOTE: Fill in dotted lines and indicate board type as follows:
TB Tackboard, MB Markerboard and CB Chalkboard.



Job Name _____

Consignee Zip Code _____ ETA of Project _____

Distributor Name _____

Architect's Name _____

Estimator _____

Architect's Address _____

Phone _____

Please include specifications. Additional Copies available on Web Site: www.aarco.net
or Call 800-246-6038. 21 Old Dock Rd, Yaphank, NY 11980