



# LAYOUT REQUEST FORM

EMAIL Completed Form to:  
layouts@ventextech.com

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Today's Date

Customer Name

Contact Name

Email:

Phone:

Project Name:

Location:

Project Summary:

Retrofit:

Yes

No

If yes, please note what is being replaced:

## SIGN TYPE:

LED Mount:	_____	_____	_____	_____	_____	_____
Depth (inches):	_____	_____	_____	_____	_____	_____
Height (inches): <small>(Chnl Ltr - Upper / Lower Case)</small>	_____	_____	_____	_____	_____	_____
Width (inches): <small>(Channel Letter - Stroke Width)</small>	_____	_____	_____	_____	_____	_____
Letters in Sign: <small>(case sensitive)</small>	_____	_____	_____	_____	_____	_____
Letter Font: <small>(if known)</small>	_____	_____	_____	_____	_____	_____
Illumination:	_____	_____	_____	_____	_____	_____
Sign Input Voltage:	_____	_____	_____	_____	_____	_____
Sign Face Color:	_____	_____	_____	_____	_____	_____
Preferred LED Color:	_____	_____	_____	_____	_____	_____
Preferred LED Model:	_____	_____	_____	_____	_____	_____
Retainer (inches):	_____	_____	_____	_____	_____	_____
Pole Through Sign: <small>(Qty x Diameter)</small>	_____	_____	_____	_____	_____	_____
Single or Double Sided:	_____	_____	_____	_____	_____	_____
Driver Location:	_____	_____	_____	_____	_____	_____
Remote Mount Distance (feet):	_____	_____	_____	_____	_____	_____

NOTES:

LED System Preference

Ventex Sales Rep