

PROJECT #:

Wall Mounted Video Wall: Frame Design Worksheet

Please email manufacturer's data sheets and CAD drawings with this form to sales@adaptivetechnologiesgroup.com
 Allow a few days for your project to be reviewed. If you need assistance in completing this form,
 please call **1-562-424-1100 (Tel) PST** and ask for an application specialist.

Contact Info:

Todays Date: _____

Installation: Quote Due: _____ Install Date: _____

Name _____

Project Name _____

Company _____

Email _____

Phone _____

 Check-mark documents supplied: Sketch Photos CAD Drawing Datasheets

Monitor Information:

A: Monitor Mfr.: _____ LED LCD

Size: _____ **Qty:** _____

Model: _____ **Service Access** Front Rear

Use the following boxes to illustrate your specific application needs

Email to sales@adaptivetechnologiesgroup.com
B: Monitor Mfr.: _____ LED LCD

Size: _____ **Qty:** _____

Model: _____ **Service Access** Front Rear

C: Monitor Mfr.: _____ LED LCD

Size: _____ **Qty:** _____

Model: _____ **Service Access** Front Rear

ILLUSTRATE FRONT VIEW
ILLUSTRATE SIDE VIEW

Application Details (Check-mark all that apply)

Monitor Use
Monitor: Wide _____ **Monitor: High** _____

 Permanent Touring Indoor Outdoor

 Straight Wall? Curved Wall? Braced Trolley/Track System

Use the following boxes to illustrate your specific application needs

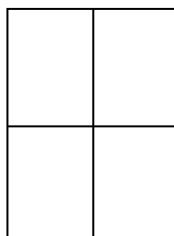
Email to sales@adaptivetechnologiesgroup.com
Ground Structure
 Metal Studs Wood Studs Plywood Block

 Cement Other _____

Distance from wall (if applicable) _____

Distance from floor to 1st tier of monitors _____

 Comments: _____


 Potrait orientation?

 Landscape orientation?

ILLUSTRATE FRONT VIEW
ILLUSTRATE SIDE VIEW