

# LCD WALL MOUNTED VIDEO WALL WORKSHEET

## 1 CONTACT INFORMATION

Contact: \_\_\_\_\_  
 Date: \_\_\_\_\_ Project Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Email: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Bid Date: \_\_\_\_\_ Install Date: \_\_\_\_\_

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

## 2 MONITOR INFORMATION

a. Monitor Mfr.: \_\_\_\_\_ Size: \_\_\_\_\_ Model: \_\_\_\_\_ Qty: \_\_\_\_\_  
 Service Access \_\_\_\_\_

b. Monitor Mfr.: \_\_\_\_\_ Size: \_\_\_\_\_ Model: \_\_\_\_\_ Qty: \_\_\_\_\_  
 Service Access \_\_\_\_\_

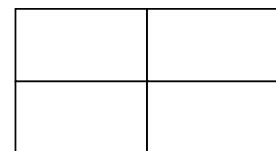
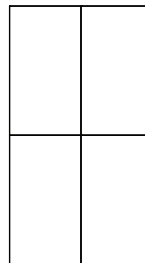
c. Monitor Mfr.: \_\_\_\_\_ Size: \_\_\_\_\_ Model: \_\_\_\_\_ Qty: \_\_\_\_\_  
 Service Access \_\_\_\_\_

## 3 APPLICATION DETAILS (Check-mark all that apply)

### Monitor Use:

Qty Monitors Wide: \_\_\_\_\_ Qty Monitors Tall: \_\_\_\_\_

- |                                    |   |  |   |
|------------------------------------|---|--|---|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Bezel Needed   | <input type="checkbox"/> Portrait Orientation? | <input type="checkbox"/> Landscape Orientation? |
| <input type="checkbox"/> Touring   | <input type="checkbox"/> Straight Wall? |  |   |
| <input type="checkbox"/> Indoor    | <input type="checkbox"/> Curved Wall?   |  |   |
| <input type="checkbox"/> Outdoor   |   |  |   |



Distance from wall (if applicable) \_\_\_\_\_

Type of Wall & Construction: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

Note: Some LCD monitors may not be tilted more than 15°