

Video Wall Frame Design Worksheet **Wall Mounted Video Walls**

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

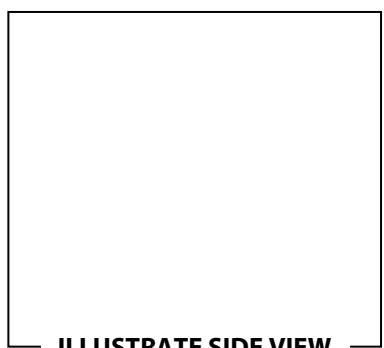
Monitor Information:

A: Monitor Mfr.: _____ LED LCD
Size: _____ **Qty:** _____
Model: _____ **Service Access** Front Rear

B: Monitor Mfr.: _____ LED LCD
Size: _____ **Qty:** _____
Model: _____ **Service Access** Front Rear

C: 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



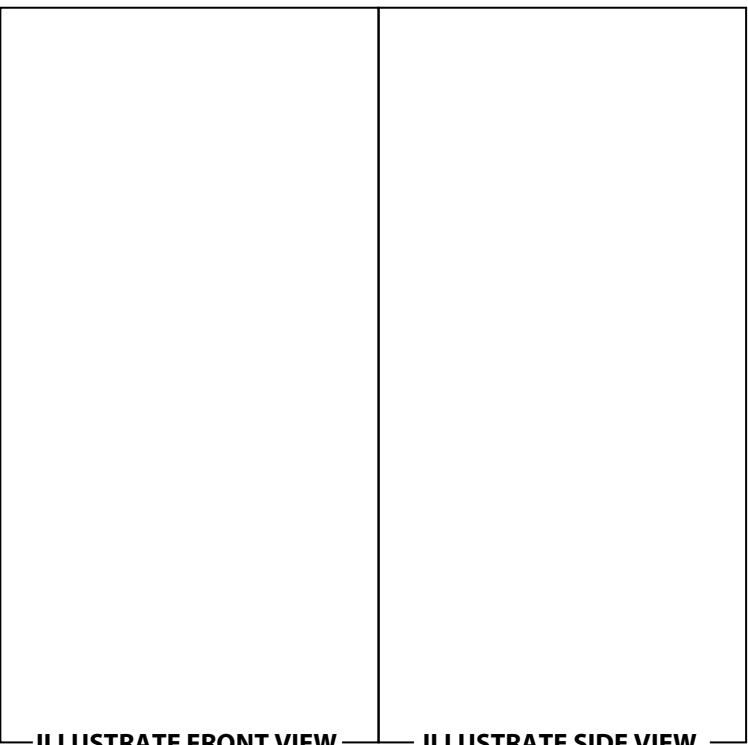
ILLUSTRATE FRONT VIEW

ILLUSTRATE SIDE VIEW

Application Details (Check-mark all that apply)

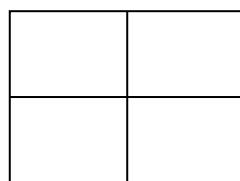
Monitor Use
Monitor: Wide _____ **Monitor: High** _____
 Permanent Touring Indoor Outdoor
 Straight Wall? Curved Wall? Braced Trolley/Track System

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ILLUSTRATE FRONT VIEW

ILLUSTRATE SIDE VIEW



Potrait orientation?

Landscape orientation?