

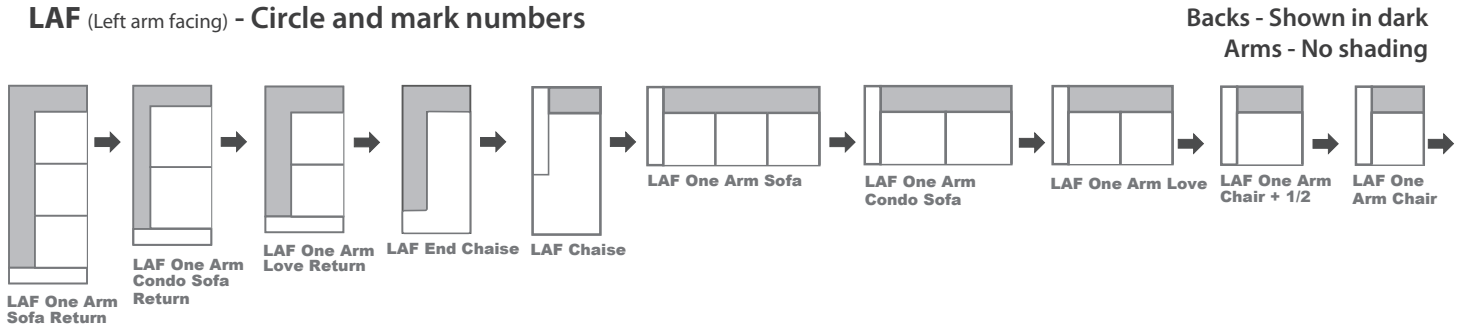
## Sectional Facing Form

Please complete this form from (A) to (F) where applicable and submit with original order.

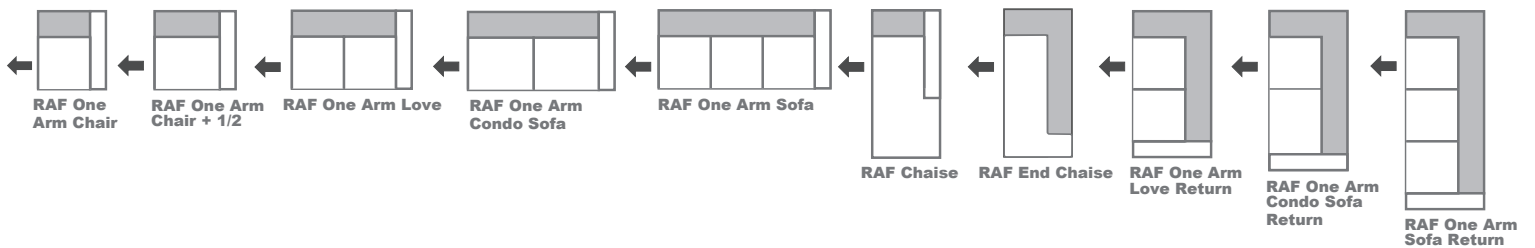
(A) Store Name \_\_\_\_\_ Date \_\_\_\_\_ PO# \_\_\_\_\_

(B) Stand Alone  Sectional Set Up  (Please check box that applies)

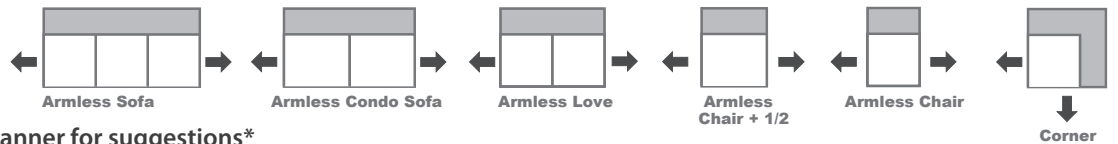
(C) **LAF** (Left arm facing) - Circle and mark numbers



(D) **RAF** (Right arm facing) - Circle and mark numbers



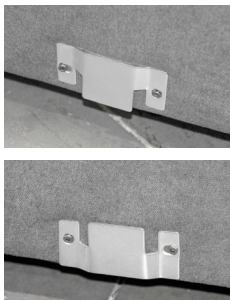
(E) **ARMLESS** - Circle and mark numbers



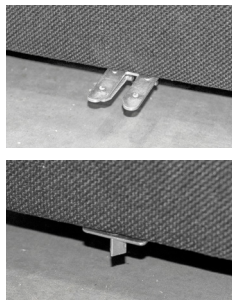
\*Refer to style sectional planner for suggestions\*

(F) Check box for: Metal Clamps  Alligator Clips   
No Clips/Clamps

Metal Clamps



Alligator Clips



### Sectional Configuration Illustration

Please number each piece in the order you would like the components to be configured LEFT TO RIGHT

