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  [ ]

Sectional Configuration Illustration

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

SAMPLE