

Today's Date: _____

Customer Name: _____

Date Needed: _____ AM PM

Contact Name: _____

Address: _____

Ship To: _____

Phone: _____ Fax: _____ P.O.# _____

FOR OFFICE USE:

AND _____

CUSTOM GEL STRINGS

**Specify Each Frame By Manufacturer Color Number...
Four String Minimum on LEE, GAM, and ROSCO.**

APOLLO GEL (AP) LEE (L) GAM (G) ROSCO (R)

String Quantity: _____ **Scroller Model:** _____

String Quantity: _____ **Scroller Model:** _____

Frame	Color #
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	

Frame	Color #
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	

Frames 17-24 can be used for Smart Color Pro® and some other scroller brands.

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