



U.S.A.

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TRANSIT LIGHT BOX SPECIFICATION FORM

DATE _____

COMPANY _____ CONTACT _____

PHONE # _____ FAX# _____ P.O. NUMBER _____

SINGLE SIDED ☐

4" DEEP ☐
BACK-LIT LED

4" DEEP ☐
BACK-LIT
LINEAR FLUORESCENT

DOUBLE SIDED ☐

8" DEEP ☐
BACK-LIT LED

8" DEEP ☐
BACK-LIT
LINEAR FLUORESCENT

QUANTITY

DATE REQUIRED

UNIT PRICE

DEPOSIT AMOUNT

APPROX. SHIPPING COST

INDOOR ☐ OUTDOOR ☐ BLACK PAINTED ☐ OTHER COLOR _____

CLEAR PLASTIC COVER:
SPECIFY THICKNESS GLASS ☐ PLEXIGLASS ☐ POLYCARBONATE ☐

TRANSIT BOX OUTSIDE DIMENSIONS

TRANSIT BOX INSERT SIZE

HEIGHT _____ LENGTH _____ HEIGHT _____ LENGTH _____

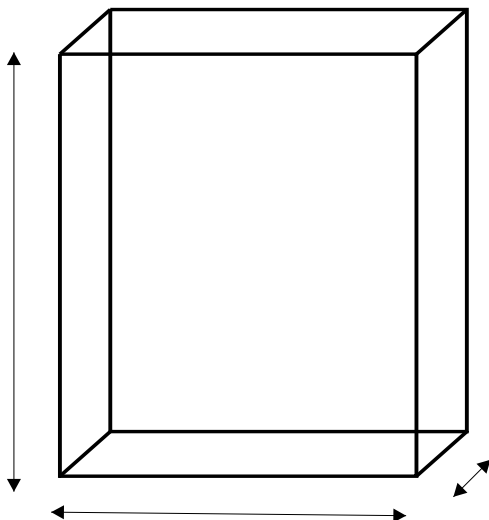
PLEASE INDICATE THE CRITICAL DIMENSIONS OUTSIDE OR INSERT SIZE

OTHER INSTRUCTIONS: _____

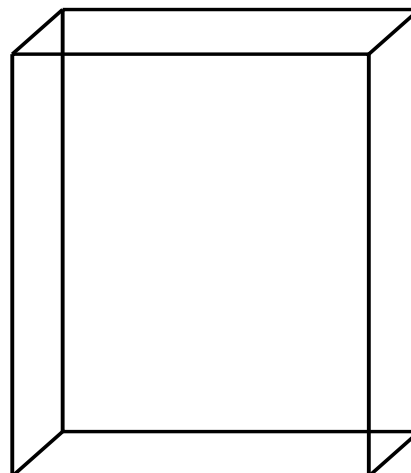
PLEASE INDICATE THE FOLLOWING ON THE DRAWING:

CORD LOCATION SWITCH LOCATION HINGED SIDE LOCK(S)

Front View



Back View



Name of Purchaser

Signature of Purchaser