



Direction Selection Sheet
Optical Turnstiles

TO:

Fax:

Approved as marked on drawings below:

For Model: _____

Client Name _____

Client Signature _____

Date: _____

If ordering multiple units: please copy this sheet for each different configuration requested - -
 Note quantity please.

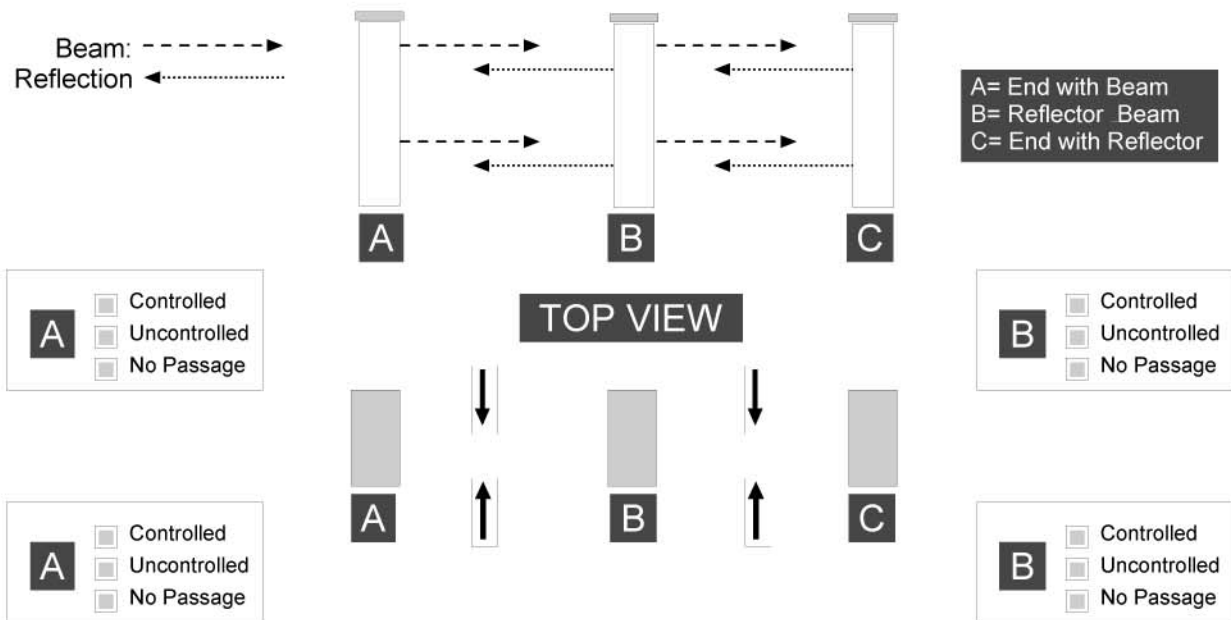
Thanks again for your order.
 To build your unit (s) correctly, we need to verify some information that is crucial to making sure they operate as desired.

Please be sure to mark on the appropriate box the following information:

- 1) The orientation / Layout: A B C
- 2) The direction of passage (circle an arrow)
- 3) If it is Controlled, Uncontrolled, or has No Passage; and

Please mark in the areas provided and fax it back to us at the fax number below. We cannot fabricate your order on a verbal confirmation, or until we receive this direction sheet back with your approval.
 Thanks again for your business.

SAMPLE SIDE VIEW OF OPTICAL OPERATION



Please circle the appropriate layout to select the direction of gate opening.

