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### Accessory order sheet

Date: \_\_\_\_\_ Customer \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

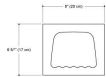
Delivery Address: \_\_\_\_\_

Delivery Contact: \_\_\_\_\_ Delivery Phone Number: \_\_\_\_\_

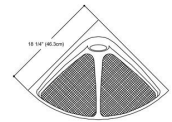
PO# \_\_\_\_\_ Job Name: \_\_\_\_\_

Color: \_\_\_\_\_ Finish: Gloss Matte Due Date \_\_\_\_\_

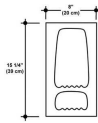
Recessed soap only holder \_\_\_\_\_



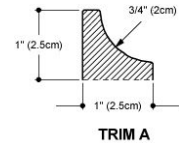
Corner Seat \_\_\_\_\_



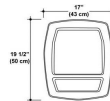
Recessed soap and shampoo holder \_\_\_\_\_



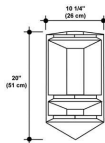
Inside Corner Trim \_\_\_\_\_



Deluxe Recessed soap and shampoo holder \_\_\_\_\_



Large Corner Caddy \_\_\_\_\_



Elongated Toilet Slab \_\_\_\_\_

Corner Shelf: \_\_\_\_\_ QTY. 7" 8" 9"



Standard Toilet Slab \_\_\_\_\_

Circle desired size \_\_\_\_\_

For CMS use only

Sched. for production date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_ Sheet: \_\_\_\_\_ of \_\_\_\_\_

Estimate / Job #: \_\_\_\_\_ Set up by: \_\_\_\_\_ Inspected / boxed by: \_\_\_\_\_