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Shower base order form

Date:	Customer			
Billing Address:				
Phone:	Email:	[Fax:	
Delivery Address:				
Delivery Contact:		Delivery Phone Numb	er:	
PO#	Job Nan	ne:		
Color:		_ Finish: Gloss Matte	e Due Date:	
N	ote: The diagrams	below are generic exam	ples and are not to scale	e.
Threshold	Threshold		Threshold	
our measurements will accommodant that will be installed on all significant outputs.		4 ½" ¼" thick wall. 4 ½" Threshold Side View	Proper threshold installa Threshold water d	Shower Base
		agram above. Please provide the or measurements are critical to ens		
		For CMS use only		
Sched. for production date:		Expected Completion	on Date:	_ Sheet:of
Estimate / .lob #	Estimate / Job #: Set up bv:		pected / boxed by:	