



4709 Interstate Drive.
West Chester, OH 45246
Office: 513-883-1317 Fax: 513-795-6272 Email: orders@cmscincy.com

Shower kit Wall Panel Order Form

Date: _____ Customer _____

Billing Address: _____

Phone: _____ Email: _____ Fax: _____

Delivery Address: _____

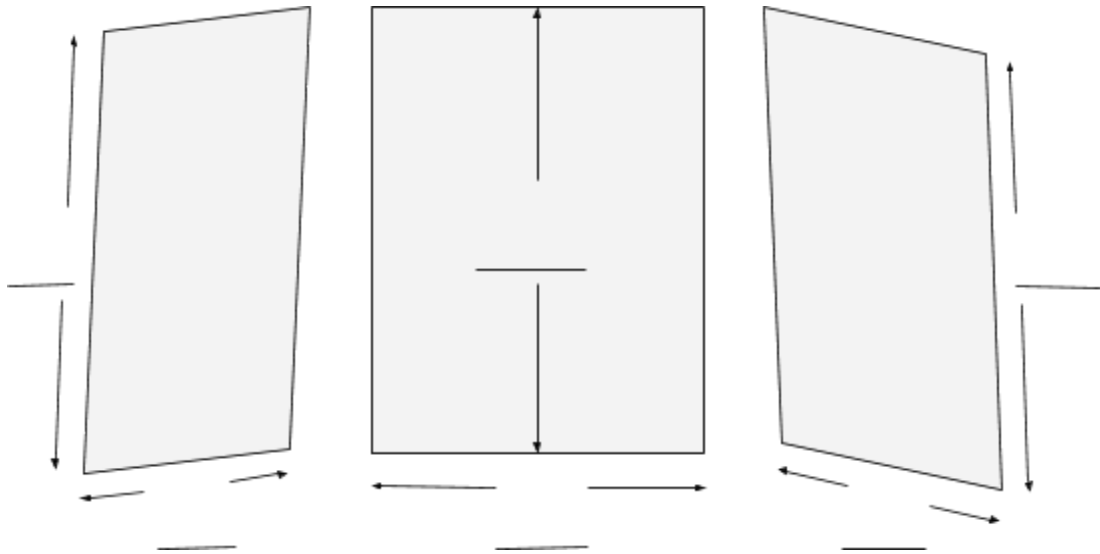
Delivery Contact: _____ Delivery Phone Number: _____

PO# _____ Job Name: _____

Style: Flat Subway Tile

Color: _____ Finish: Gloss Matte Due Date: _____

Note: The diagrams below are generic examples and are not to scale.



Mark an X next to the edge that will show and must be finished.

Please fill in your measurements in the appropriate spaces above. Please provide the overall length and width of each panel. You may also include a detailed drawing if your custom job requires more dimensions. These measurements are critical to ensure we manufacture your shower walls properly. If you require assistance please contact us and we will be glad to help.

For CMS use only

Sched. for production date: _____ Expected Completion Date: _____ Sheet: ____ of ____

Estimate / Job #: _____ Set up by: _____ Inspected / boxed by: _____