



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

Shower base order form

Date: _____ Customer _____

Billing Address: _____

Phone: _____ Email: _____ Fax: _____

Delivery Address: _____

Delivery Contact: _____ Delivery Phone Number: _____

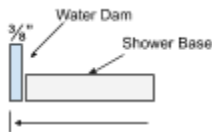
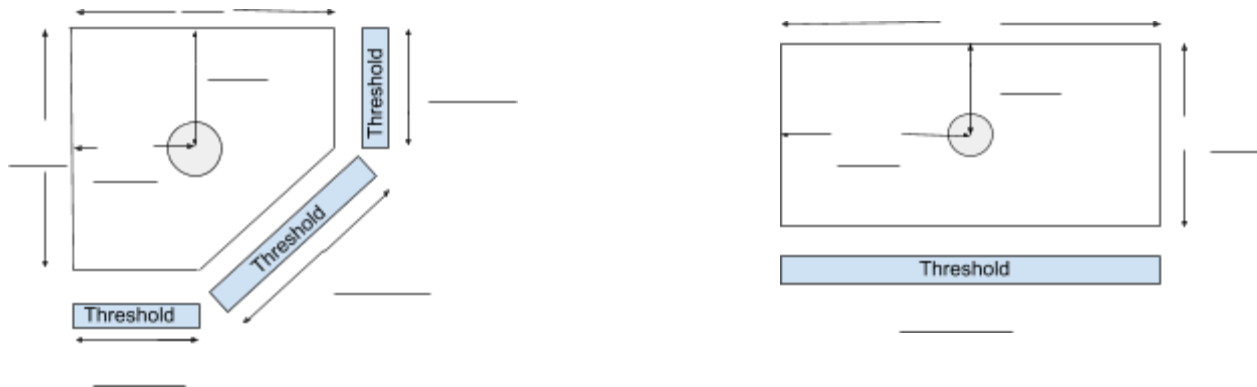
PO# _____ Job Name: _____

Color: _____ Due Date: _____

Assembled: _____ Threshold loose: _____ Threshold and water dam loose: _____

Some shower base configurations require a loose threshold.

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



Your measurements will accommodate a 3/8" thick water dam that will be installed on all sides of the shower base unless otherwise noted.

Please fill in your measurements on the appropriate diagram above. Please provide the overall length and width along with the drain center to the back and side wall of the shower base. These measurements are critical to ensure we manufacture your shower base properly.

For CMS use only

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

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