

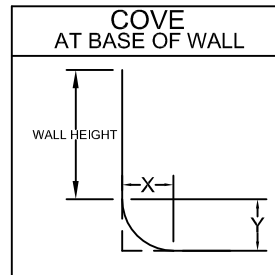
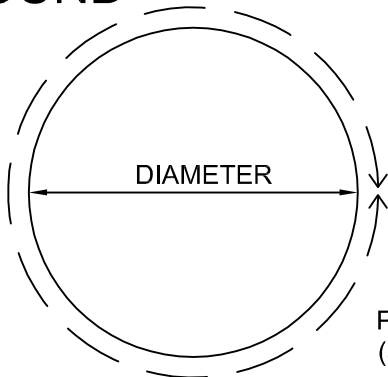
ABOVE GROUND

ROUND OR OVAL

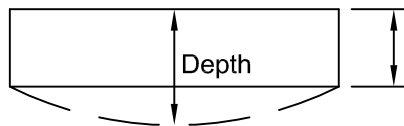
SOLD TO:		SHIP TO:	
ADDRESS:		ADDRESS:	
CITY/PROV:		CITY/PROV:	
POSTAL CODE:		POSTAL CODE:	
PH:	FAX:	PH:	CONTACT:
DATE:	PO:	TAG:	SHIP VIA:

WALL PATTERN _____ FLOOR PATTERN _____	GAUGE <input type="checkbox"/> PERMA 20 <input type="checkbox"/> PERMA 25 <input type="checkbox"/> PERMA 30	BEAD <input type="checkbox"/> STANDARD <input type="checkbox"/> J-BEAD <input type="checkbox"/> KAYAK <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OVERLAP _____"	CORNERS <input type="checkbox"/> SQUARE <input type="checkbox"/> DIAGONAL <input type="checkbox"/> RADIUS
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ROUND



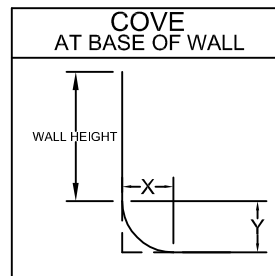
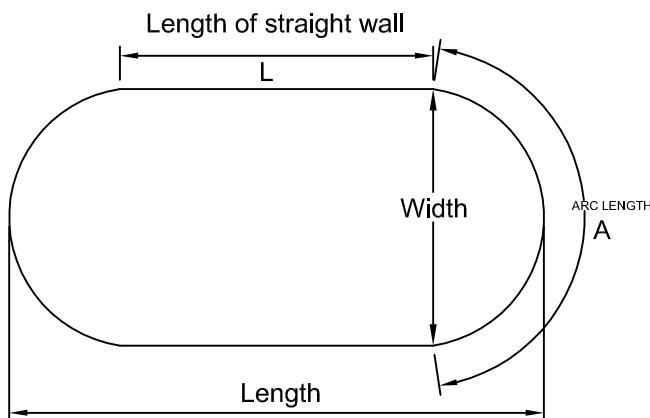
MEASUREMENTS NEEDED	
Diameter	_____ ft _____ in
Perimeter	_____ ft _____ in
Wall Height	_____ ft _____ in
Depth	_____ ft _____ in
COVE	
X	_____ ft _____ in
Y	_____ ft _____ in



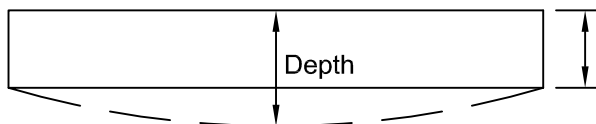
WALL HEIGHT
 from top of wall or from
 bead receptor to bottom of wall

Check depth of dish at several points

OVAL



MEASUREMENTS NEEDED	
Length	_____ ft _____ in
Width	_____ ft _____ in
Perimeter	_____ ft _____ in
Wall Height	_____ ft _____ in
Depth	_____ ft _____ in
A	_____ ft _____ in
L	_____ ft _____ in
COVE	
X	_____ ft _____ in
Y	_____ ft _____ in



WALL HEIGHT
 from top of wall or from
 bead receptor to bottom of wall

Check depth of dish at several points

NOTE - IF SAFETY LEDGE PRESENT, PLEASE INCLUDE DETAIL IF NOT UNIFORM