

DISTRIBUTOR INFORMATION		DEALER INFORMATION		SHIP TO ADDRESS	
NAME:		NAME:			
LOCATION:		CITY:			
CONTACT:		S45 ID #:			
<b>CHECK ONE</b>		<b>CUSTOMER TAG NAME:</b>			
<input type="checkbox"/> QUOTE ONLY <input type="checkbox"/> ORDER					
<b>ORDER INFORMATION</b>					
QUOTE #:					
SO#					
PO#					

NOTE: COMPLETE MEASURING FORM MUST INCLUDE THIS COVER SHEET, PLUS SHAPE MEASURING FORM. A STEP MEASURING FORM MUST BE INCLUDED WHERE APPLICABLE.

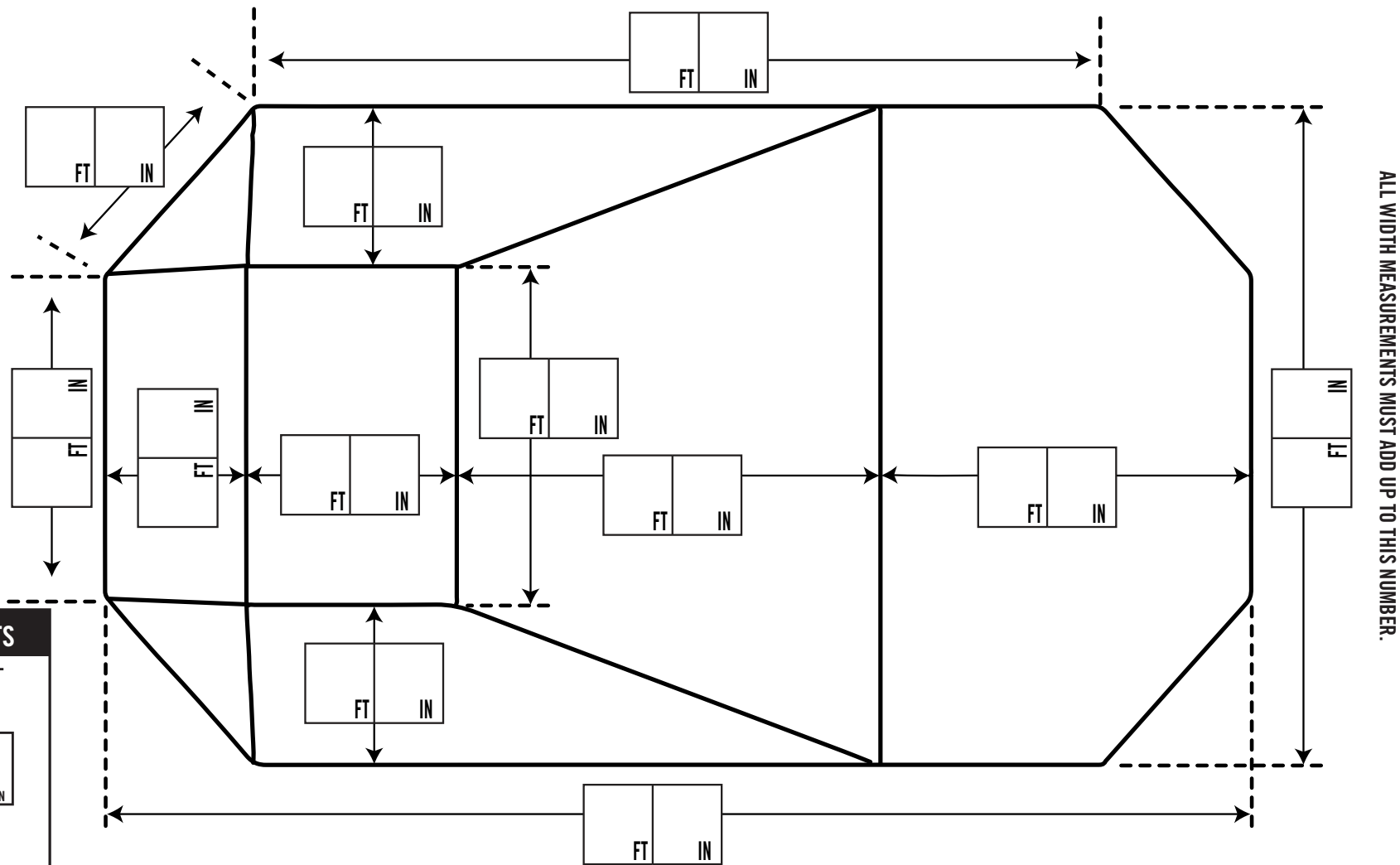
BASIC LINER INFORMATION		
<input type="checkbox"/> BEADED (IF NOT STANDARD BEAD, WHAT TYPE: (_____))	FIBERGLASS STAIRS <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, <input type="checkbox"/> STRAIGHT <input type="checkbox"/> RADIUS DRAW LOCATION ON SHAPE MEASURING FORM
<input type="checkbox"/> OVERLAP ( HOW MANY INCHES OF OVERLAP: _____ INCHES)	VINYL COVERED STAIRS OR BENCH <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE ACCOMPANYING STEP FORM AND DRAW LOCATION ON SHAPE MEASURING FORM.	

CUSTOMER TAG NAME:

ORDER INFORMATION
QUOTE #:
SO#
PO#

FIBERGLASS STEPS
<input type="checkbox"/> YES
<input type="checkbox"/> STRAIGHT <input type="checkbox"/> RADIUS
LOCATION <input type="checkbox"/> CENTER SHALLOW END <input type="checkbox"/> OTHER (DRAW IN LOCATION)

VINYL COVERED STEPS
<input type="checkbox"/> YES NOTE: STEP MEASURING FORM REQUIRED
LOCATION <input type="checkbox"/> CENTER SHALLOW END <input type="checkbox"/> OTHER (DRAW IN LOCATION)



ALL WIDTH MEASUREMENTS MUST ADD UP TO THIS NUMBER.

ALL LENGTH MEASUREMENTS MUST ADD UP TO THIS NUMBER.

