

DISTRIBUTOR INFORMATION		DEALER INFORMATION		SHIP TO ADDRESS	
NAME:		NAME:			
LOCATION:		CITY:			
CONTACT:		S45 ID #:			

CHECK ONE

QUOTE ONLY ORDER

CUSTOMER TAG NAME:

ORDER INFORMATION

QUOTE #:

SO#

PO#

EXTENDED WARRANTY PROGRAM

GOLD (\$1,500 & 5 YRS WATER & LABOR)

SILVER (\$1,000 & 4 YRS WATER & LABOR)

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# _____

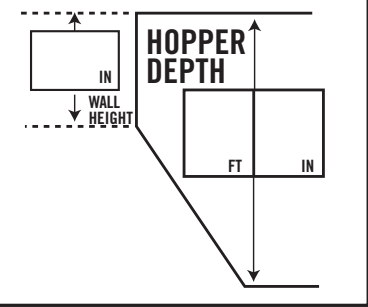
FIBERGLASS STEPS

YES
 STRAIGHT RADIUS
 LOCATION CENTER SHALLOW END
 OTHER (DRAW IN LOCATION)

VINYL COVERED STEPS

YES
 NOTE: STEP MEASURING FORM REQUIRED
 LOCATION CENTER SHALLOW END
 OTHER (DRAW IN LOCATION)

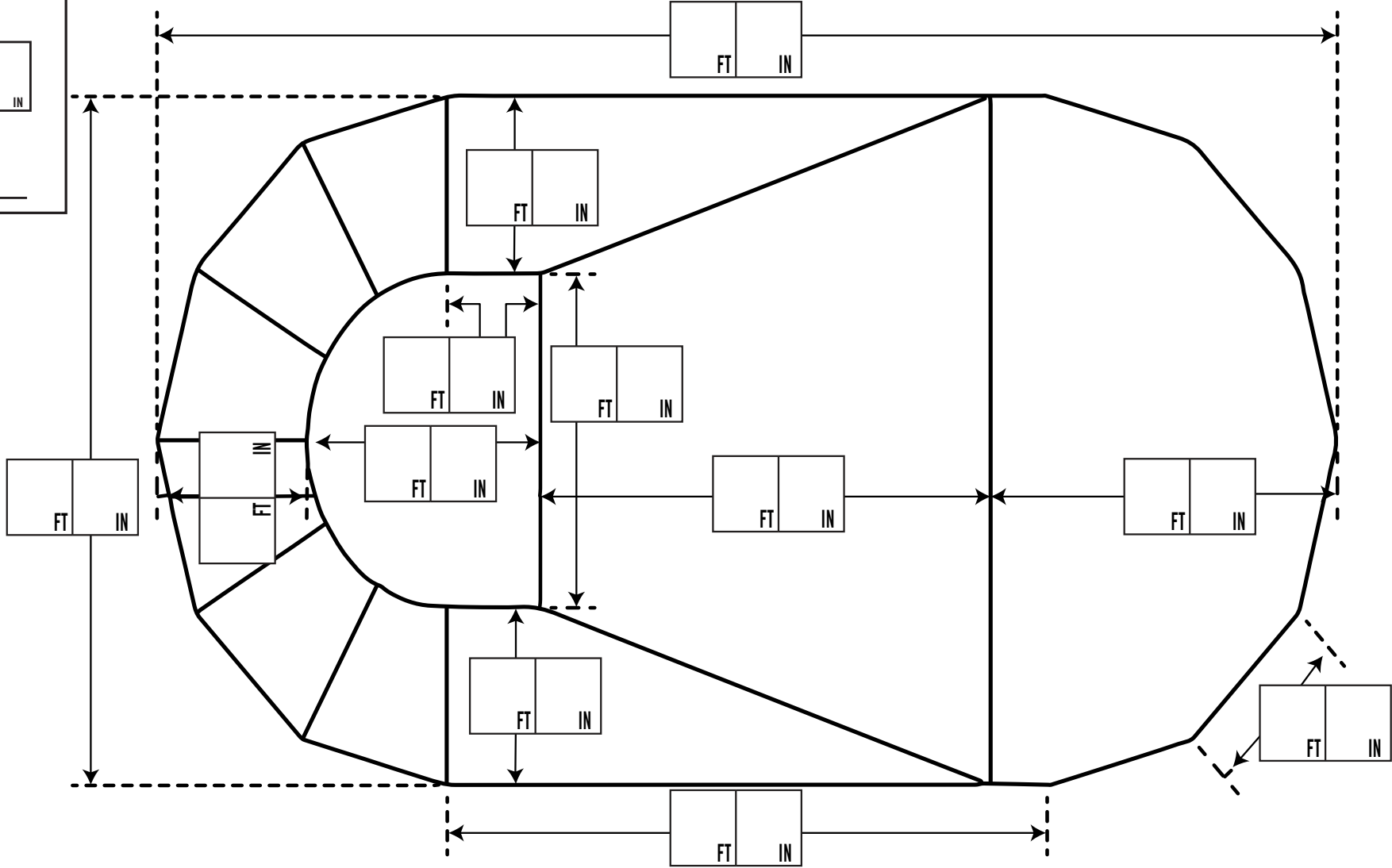
DEPTH MEASUREMENTS



ALL LENGTH MEASUREMENTS MUST ADD UP TO THIS NUMBER.

_____ FT _____ IN

ALL WIDTH MEASUREMENTS MUST ADD UP TO THIS NUMBER.



_____ FT _____ IN

_____ FT _____ IN