

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

