

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 TAG NAME:

ORDER INFORMATION

QUOTE #: _____
 SO# _____
 PO# _____

FIBERGLASS STEPS

YES

STRAIGHT RADIUS

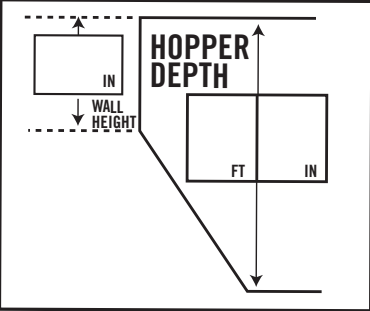
LOCATION CENTER SHALLOW END
 OTHER (DRAW IN LOCATION)

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

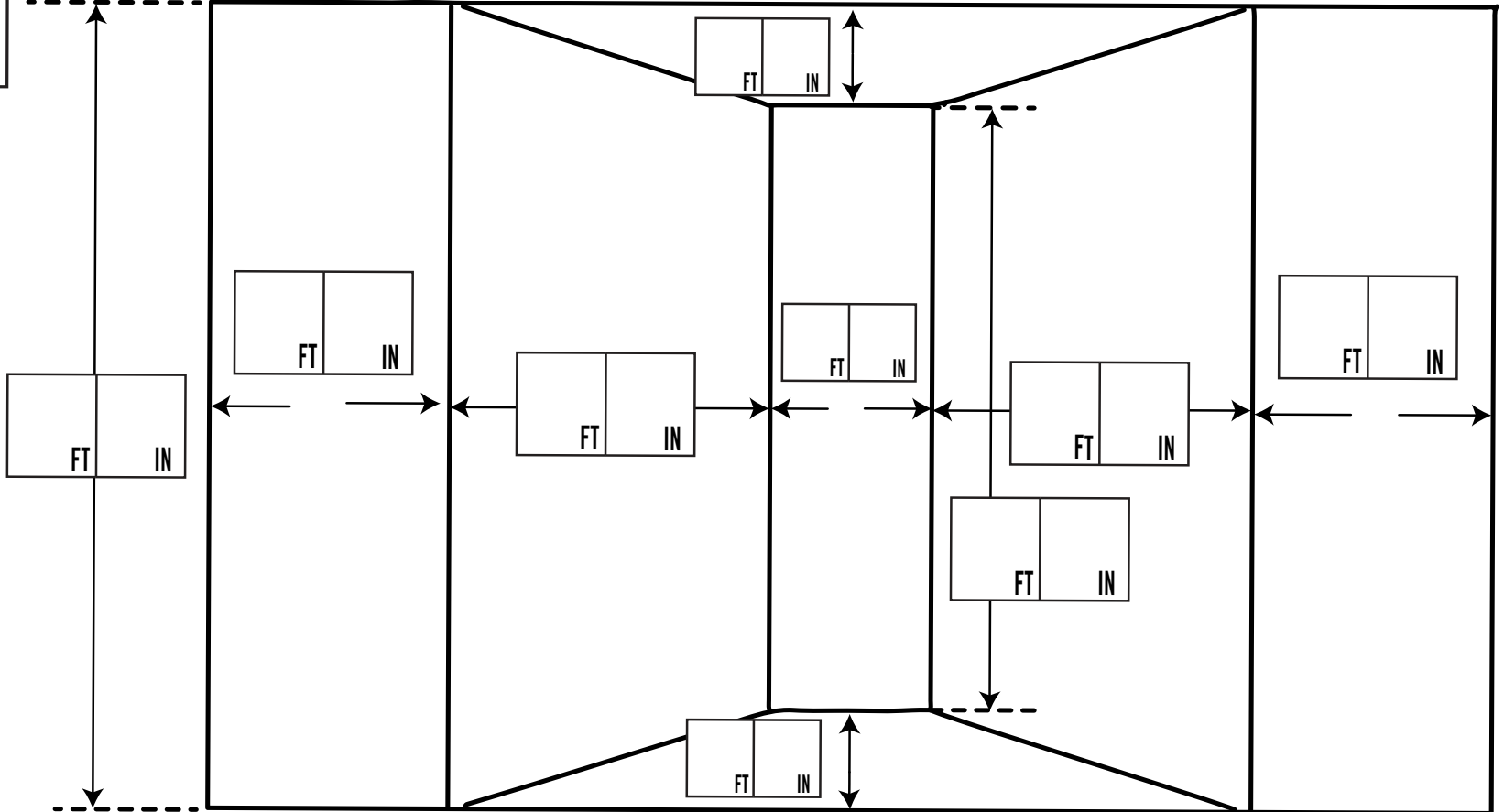
CORNER SIZE & SHAPE

SQUARE

RADIUS

DIAGONAL

ALL WIDTH MEASUREMENTS MUST ADD UP TO THIS NUMBER.



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