

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

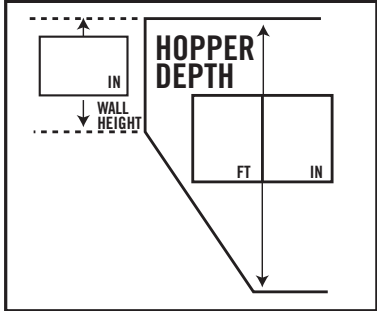
LOCATION CENTER SHALLOW END
 OTHER (DRAW IN LOCATION)

VINYL COVERED STEPS

YES
 NOTE: STEP MEASURING FORM REQUIRED

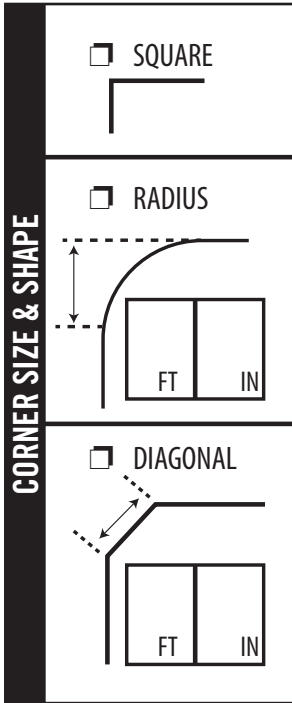
LOCATION CENTER SHALLOW END
 OTHER (DRAW IN LOCATION)

DEPTH MEASUREMENTS



ALL LENGTH MEASUREMENTS MUST ADD UP TO THIS NUMBER.

FT IN



ALL WIDTH MEASUREMENTS MUST ADD UP TO THIS NUMBER.

