

DEALER/MEASURING PERSON: _____

JOB NAME: _____

DEALER EMAIL: _____

DEALER PHONE: _____

DISTRIBUTOR: _____

SHIPPING: ☐ Branch ☐ Dealer ☐ Pick Up

PATTERN: _____ Mil: _____

☐ No-Tile ☐ Mix & Match Tile Pattern: _____ Mil: _____

Wall Pattern: _____ Mil: _____

Floor Pattern: _____ Mil: _____

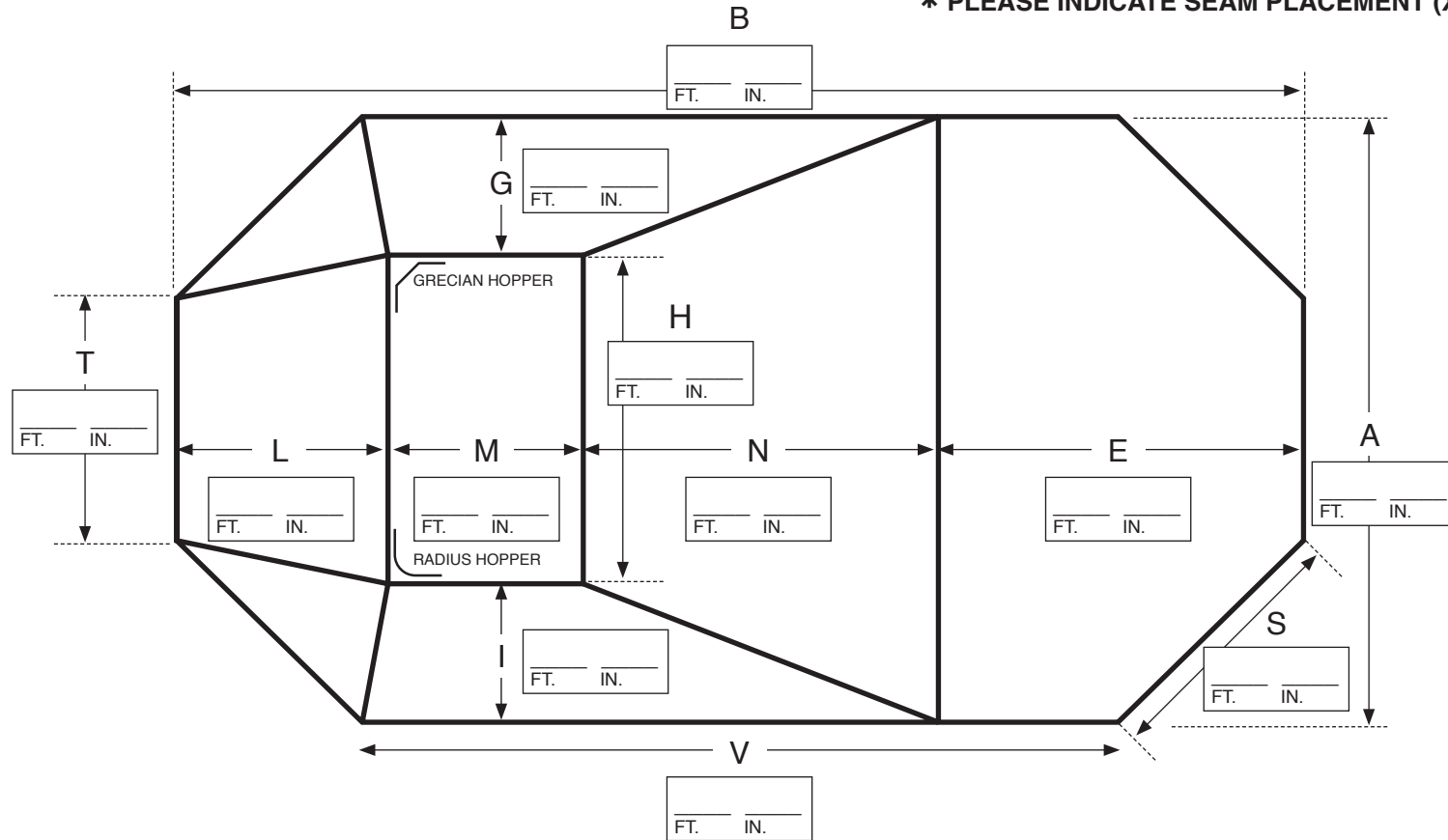
MOUNTING: ☐ Standard Bead ☐ Reverse Bead ☐ Esther Williams Bead

☐ Overlap _____

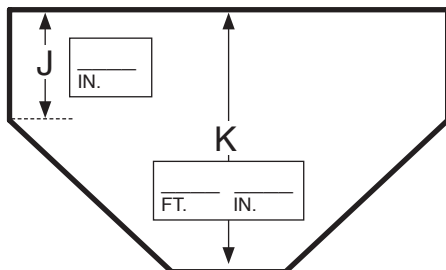
OVERLAP SIZE

WARRANTY: ☐ Standard ☐ Silver ☐ Gold

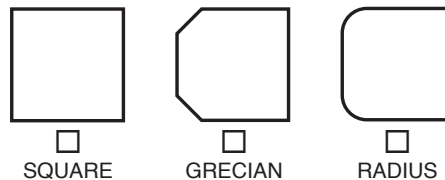
* PLEASE INDICATE SEAM PLACEMENT (X) ON DRAWING



DEPTH MEASUREMENTS



HOPPER PAD CORNERS



COMMENTS:

GRECIAN