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:** _____

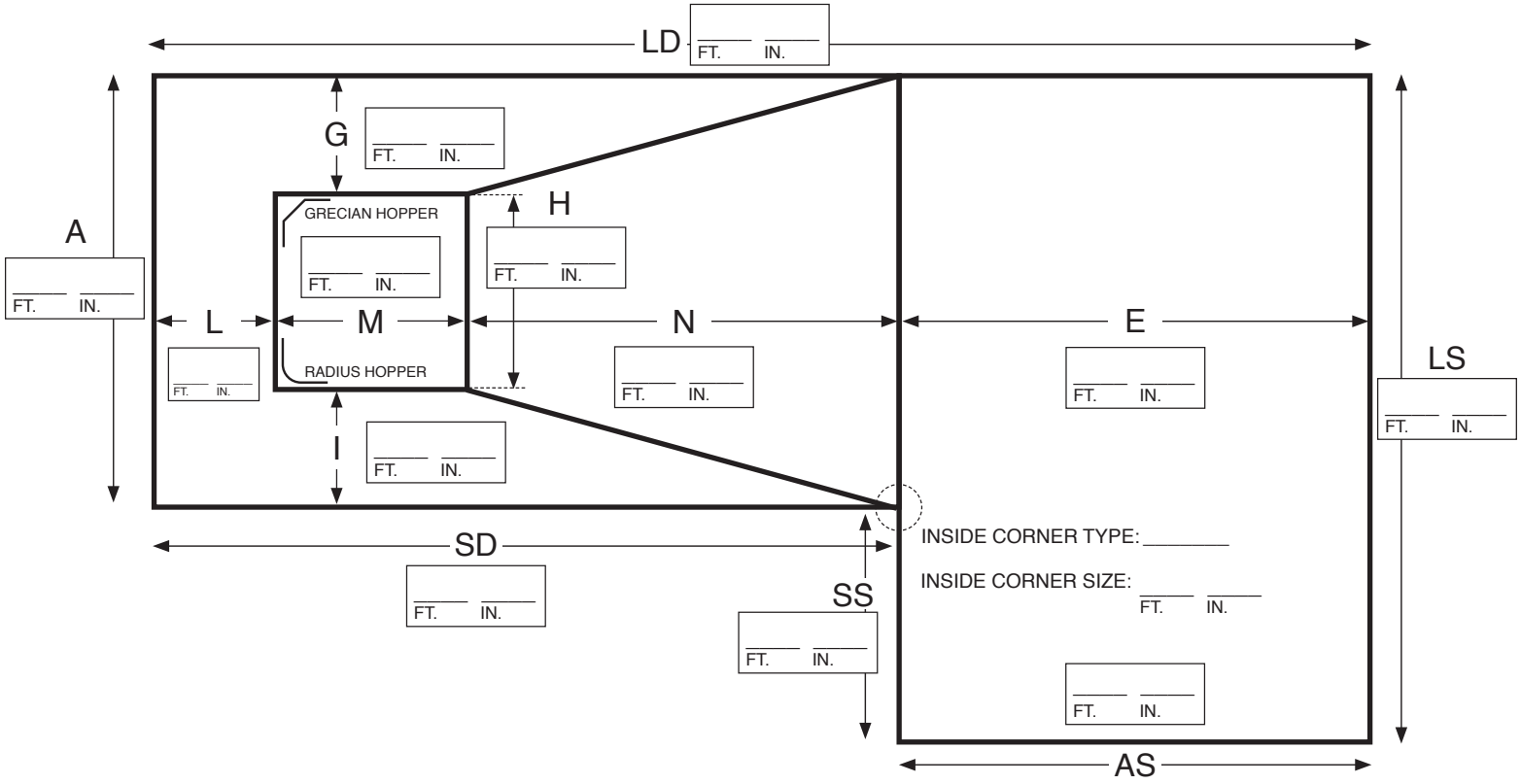
MOUNTING: ☐ Standard Bead ☐ Reverse Bead ☐ Esther Williams Bead

☐ Overlap _____ OVERLAP SIZE

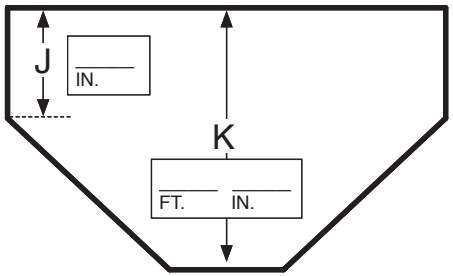
WARRANTY: ☐ Standard ☐ Silver ☐ Gold

✱ PLEASE INDICATE SEAM PLACEMENT (X) ON DRAWING

TARA® VINYL LINER MEASURMENT FORM



DEPTH MEASUREMENTS



HOPPER PAD CORNERS

COMMENTS:

TRUE-L LEFT