

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**

LD FT. IN.

A FT. IN.

G FT. IN.

H FT. IN.

L FT. IN.

M FT. IN.

N FT. IN.

E FT. IN.

SD FT. IN.

SS FT. IN.

AS FT. IN.

LS FT. IN.

INSIDE CORNER TYPE: _____

INSIDE CORNER SIZE: FT. IN.

DEPTH MEASUREMENTS

J IN.

K FT. IN.

HOPPER PAD CORNERS

☐ SQUARE ☐ GRECIAN ☐ RADIUS

COMMENTS:

TRUE-L LEFT