


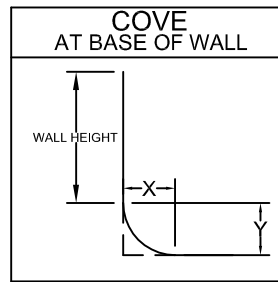
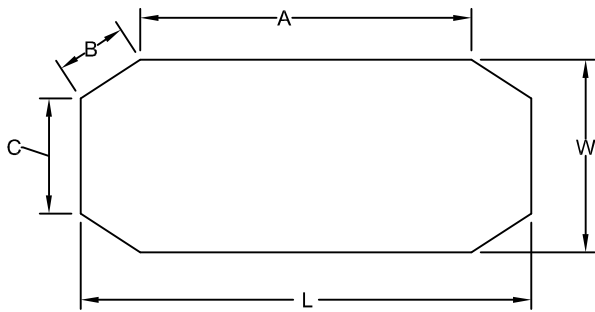


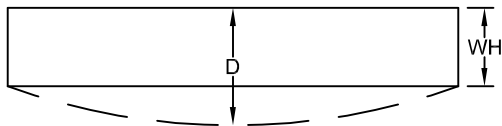
| | | | |
|--------------|------|--------------|-----------|
| SOLD TO: | | SHIP TO: | |
| ADDRESS: | | ADDRESS: | |
| CITY/PROV: | | CITY/PROV: | |
| POSTAL CODE: | | POSTAL CODE: | |
| PH: | FAX: | PH: | CONTACT: |
| DATE: | PO: | TAG: | SHIP VIA: |

| | | | |
|---|---|---|--|
| WALL PATTERN _____ FLOOR PATTERN _____ | GAUGE | BEAD | CORNERS |
| | <input type="checkbox"/> PERMA 20 <input type="checkbox"/> PERMA 25 <input type="checkbox"/> PERMA 30 | <input type="checkbox"/> STANDARD <input type="checkbox"/> J-BEAD <input type="checkbox"/> KAYAK <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OVERLAP _____" | <input type="checkbox"/> SQUARE  <input type="checkbox"/> DIAGONAL  <input type="checkbox"/> RADIUS  |

SEVILLE



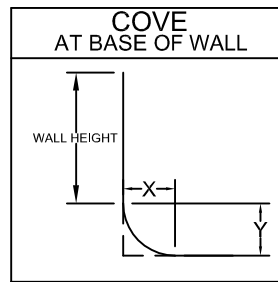
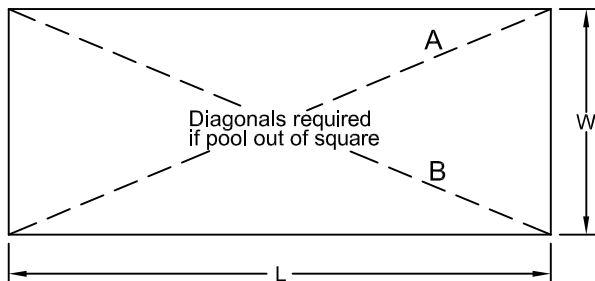
| MEASUREMENTS NEEDED | |
|---------------------|-----------------|
| L | _____ft _____in |
| W | _____ft _____in |
| WH | _____ft _____in |
| D | _____ft _____in |
| A | _____ft _____in |
| B | _____ft _____in |
| C | _____ft _____in |
| COVE | |
| X | _____ft _____in |
| Y | _____ft _____in |



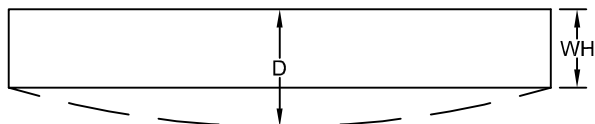
WALL HEIGHT
from top of wall or from
bead receptor to bottom of wall

Check depth of dish at several points

RECTANGLE



| MEASUREMENTS NEEDED | |
|---------------------|-----------------|
| L | _____ft _____in |
| W | _____ft _____in |
| WH | _____ft _____in |
| D | _____ft _____in |
| A | _____ft _____in |
| B | _____ft _____in |
| COVE | |
| X | _____ft _____in |
| Y | _____ft _____in |



WALL HEIGHT
from top of wall or from
bead receptor to bottom of wall

Check depth of dish at several points

NOTE - IF SAFETY LEDGE PRESENT, PLEASE INCLUDE DETAIL IF NOT UNIFORM