
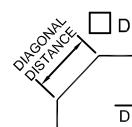

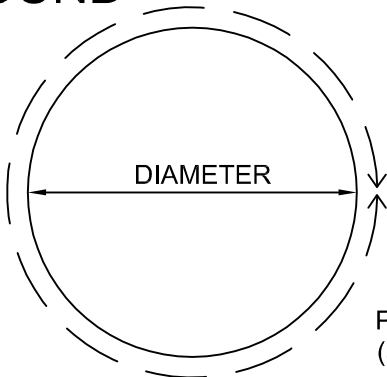


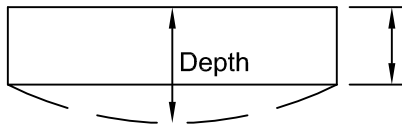
SOLD TO:		SHIP TO:	
ADDRESS:		ADDRESS:	
CITY/PROV:		CITY/PROV:	
POSTAL CODE:		POSTAL CODE:	
PH:	FAX:	PH:	CONTACT:
DATE:	PO:	TAG:	SHIP VIA:

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 

ROUND

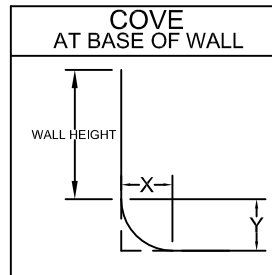


PERIMETER
(start & stop at the same spot)



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

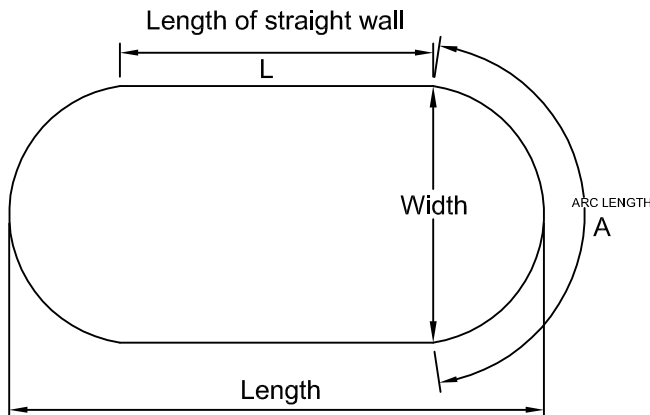
Check depth of dish at several points



COVE
AT BASE OF WALL

MEASUREMENTS NEEDED	
Diameter	_____ ft _____ in
Perimeter	_____ ft _____ in
Wall Height	_____ ft _____ in
Depth	_____ ft _____ in
COVE	
X	_____ ft _____ in
Y	_____ ft _____ in

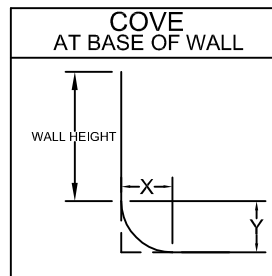
OVAL



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



COVE
AT BASE OF WALL

MEASUREMENTS NEEDED	
Length	_____ ft _____ in
Width	_____ ft _____ in
Perimeter	_____ ft _____ in
Wall Height	_____ ft _____ in
Depth	_____ ft _____ in
A	_____ ft _____ in
L	_____ ft _____ in
COVE	
X	_____ ft _____ in
Y	_____ ft _____ in