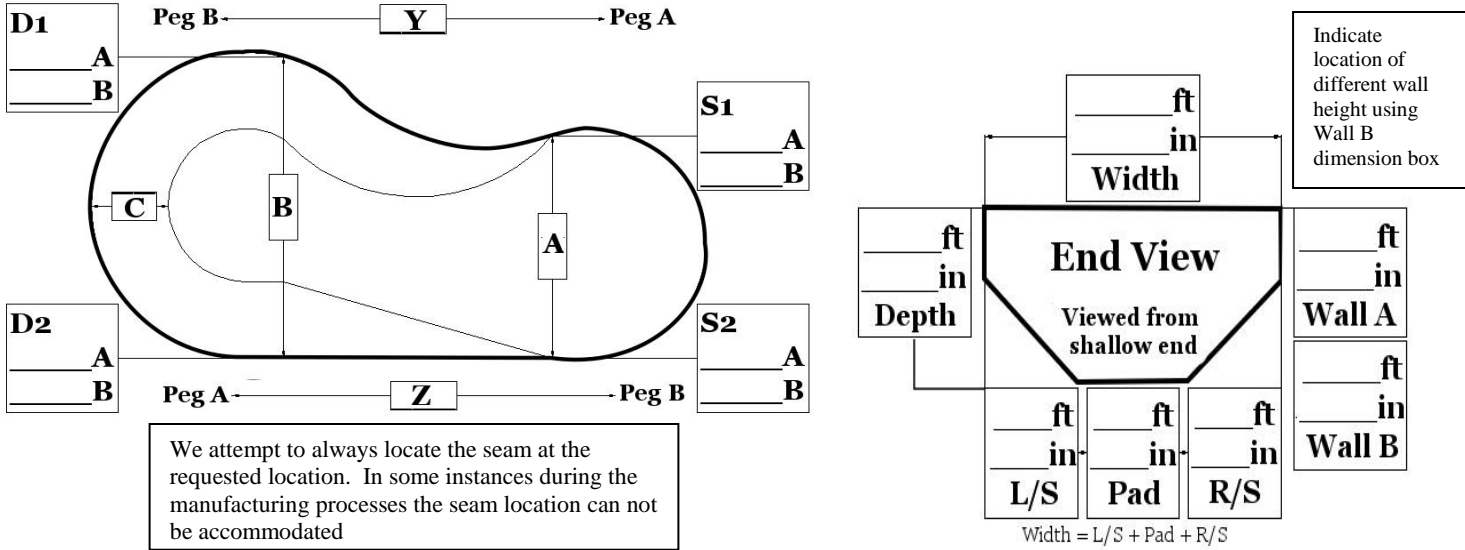


Flat Back Kidney Measurement Template

QUOTE ORDER

Dealer				Date							
Address				City/Postal							
Telephone				Fax/Email							
Date Required				Tag Name							
30 Mil Floor Pattern				30 Mil Wall Pattern							
Shallow Width <input type="text" value="A"/>		ft		inch		Safety Ledge Deep End		Yes No		ft inch	
Hopper Width <input type="text" value="B"/>		ft		inch		Side Safety Ledge L/S		Yes No		ft inch	
Slope Length <input type="text" value="C"/>		ft		inch		AB Peg Distance <input type="text" value="Y"/>		ft inch		AB Peg Distance <input type="text" value="Z"/>	
						Perimeter		ft		inch	



PT	A	B	PT	A	B	PT	A	B	PT	A	B	PT	A	B
1*			8			15			22			29		
2*			9			16			23			30		
3*			10			17			24			31		
4*			11			18			25			32		
5*			12			19			26			33		
6*			13			20			27			34		
7*			14			21			28			35		

***Supplementary Sheet Available**

Please Indicate Preferred Wall Seam Location

Bead Colour WHITE BLUE GREY

IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED