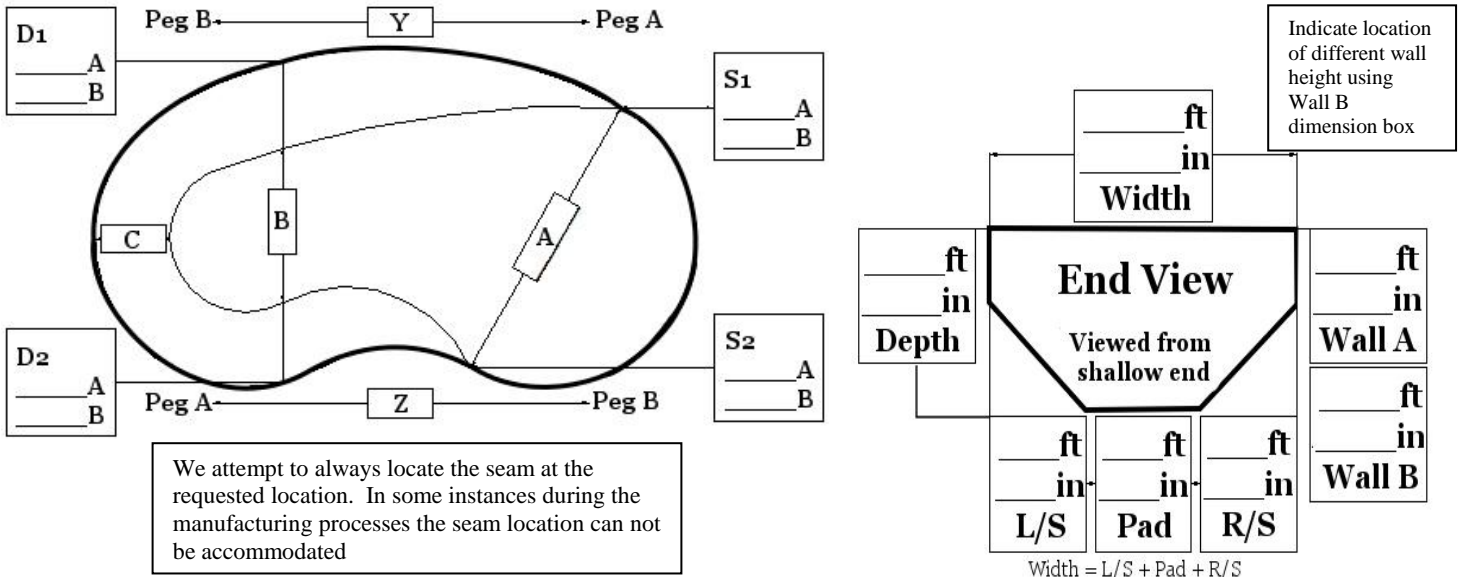


KIDNEY Measurement Template

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"/> A		ft		inch		Safety Ledge Deep End		Yes No		ft inch	
Hopper Width <input type="text"/> B		ft		inch		Side Safety Ledge L/S		Yes No		ft inch	
Slope Length <input type="text"/> C		ft		inch		AB Peg Distance <input type="text"/> Y		ft		inch	
						AB Peg Distance <input type="text"/> Z		ft		inch	
				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