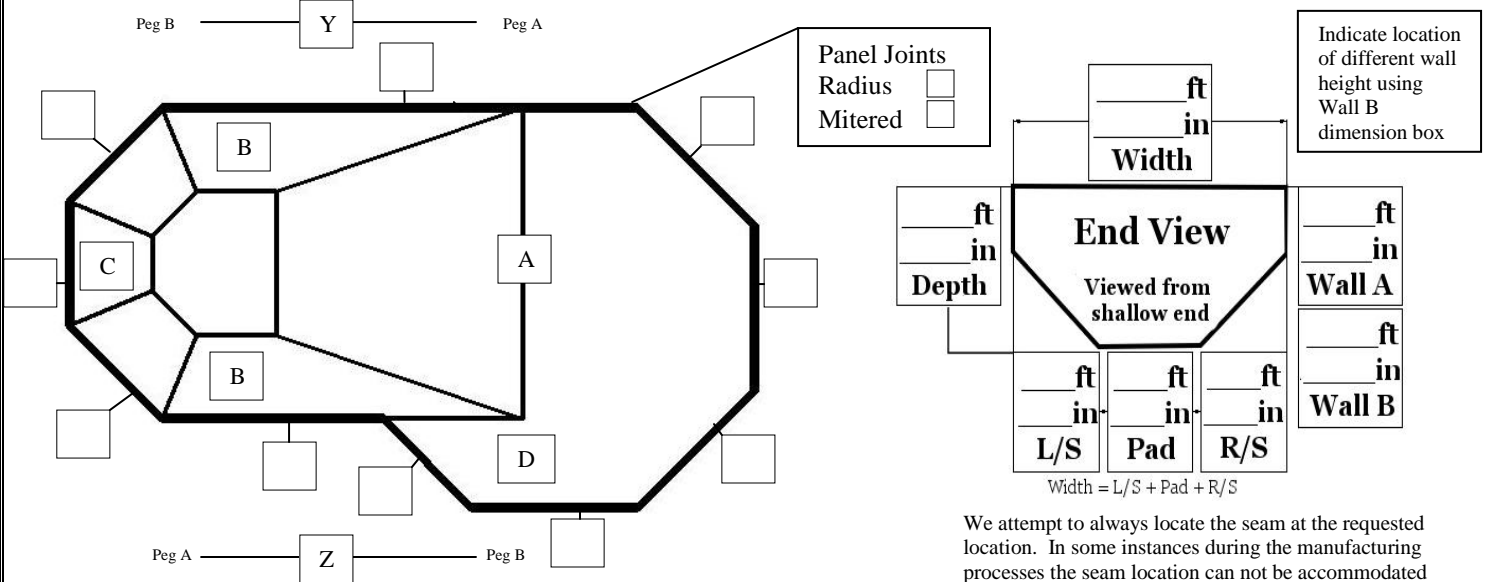


OFFSET GRECIAN Measurement Template QUOTE ORDER

Dealer		Date	
Address		City/Postal	
Telephone		Fax/Email	
Date Required		Tag Name	
30 Mil Floor Pattern		30 Mil Wall Pattern	
Shallow Width <input type="checkbox"/> ft <input type="checkbox"/> inch		Safety Ledge Deep End <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ft <input type="checkbox"/> inch	
Side Slope Length <input type="checkbox"/> ft <input type="checkbox"/> inch		Slope Length <input type="checkbox"/> ft <input type="checkbox"/> inch	
Hopper Configuration <input type="checkbox"/> rect <input type="checkbox"/> arc <input type="checkbox"/> house		AB Peg Distance <input type="checkbox"/> ft <input type="checkbox"/> inch	
Shallow Side Length <input type="checkbox"/> ft <input type="checkbox"/> inch		Perimeter <input type="checkbox"/> ft <input type="checkbox"/> inch	
		AB Peg Distance <input type="checkbox"/> ft <input type="checkbox"/> inch	
		Side Safety Ledge L/S <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ft <input type="checkbox"/> inch	
		Side Safety Ledge R/S <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ft <input type="checkbox"/> 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