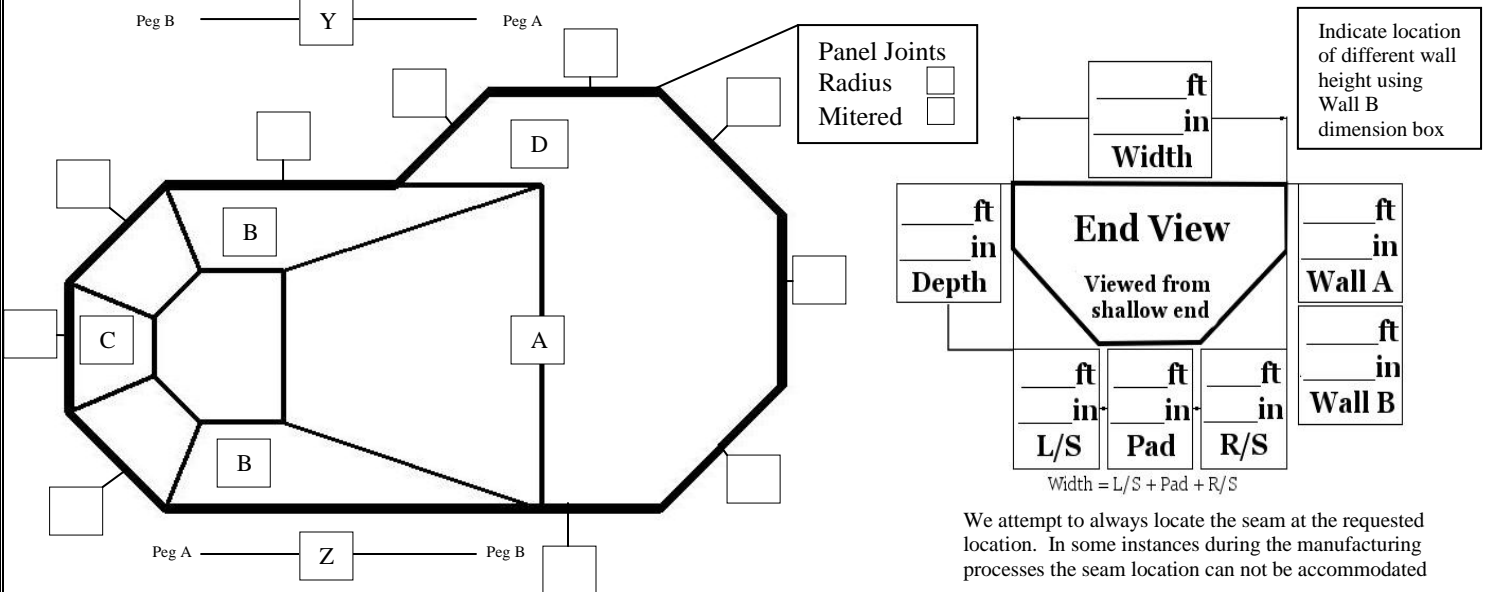


OFFSET GRECIAN Measurement Template QUOTE ORDER

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



We attempt to always locate the seam at the requested location. In some instances during the manufacturing processes the seam location can not be accommodated

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