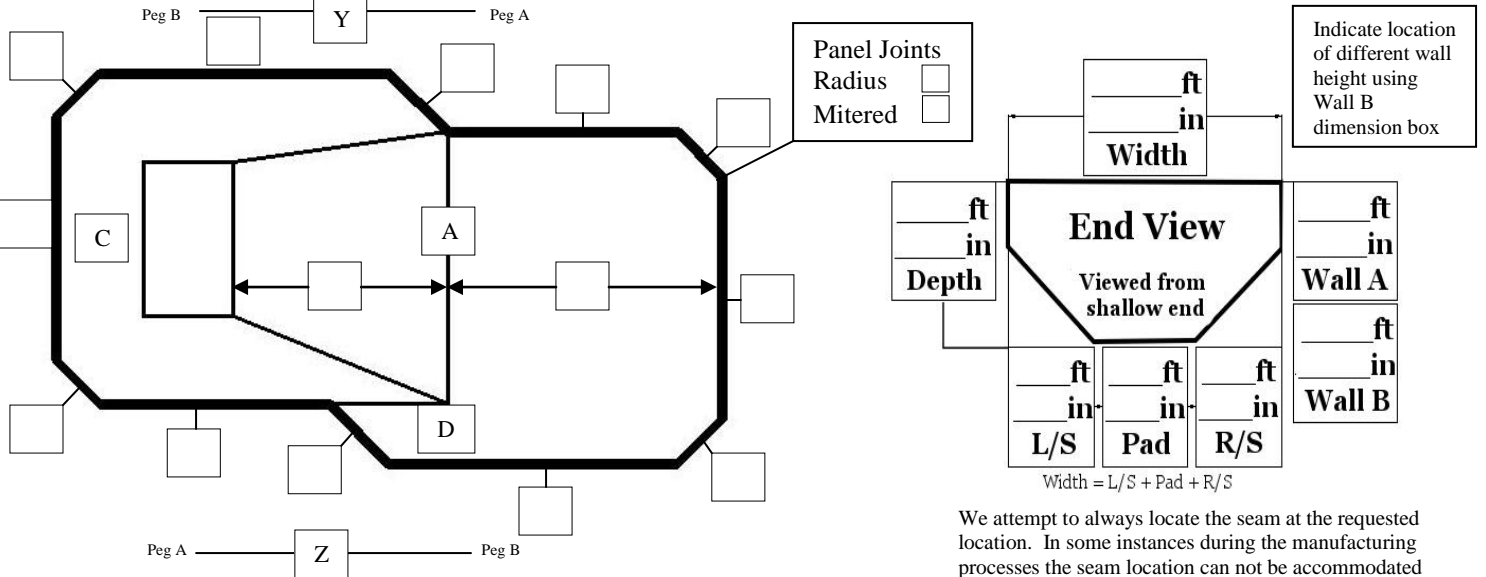


STYLED OFFSET Measurement Template

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"/> A	ft	inch	Safety Ledge Deep End
			Yes No
			ft inch
Slope Length <input type="checkbox"/> C	ft	inch	Side Safety Ledge L/S
			Yes No
			ft inch
			ft inch
Hopper Configuration	<input type="checkbox"/> rect	<input type="checkbox"/> arc	<input type="checkbox"/> house
AB Peg Distance		<input type="checkbox"/> Y	ft
		inch	AB Peg Distance
		ft	<input type="checkbox"/> Z
		inch	inch
Shallow Side Length <input type="checkbox"/> D	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