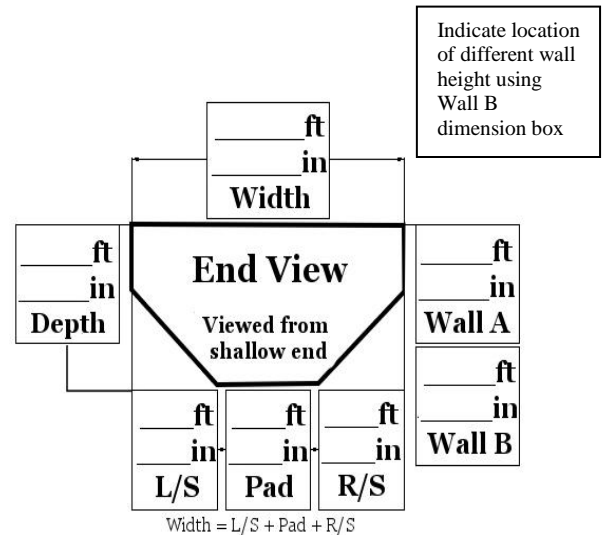
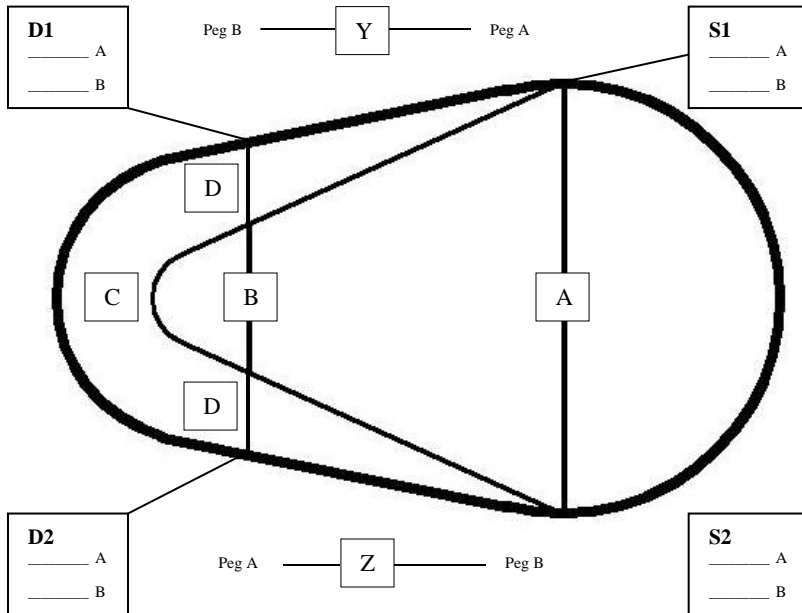


**TEARDROP REVERSE Measurement Template**     **QUOTE**     **ORDER**

Dealer		Date	
Address		City/Postal	
Telephone		Fax/Email	
Date Required		Tag Name	
<b>30 Mil Floor Pattern</b>		<b>30 Mil Wall Pattern</b>	
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
			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
Slope Length <input type="text"/> 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		

**Please Indicate Preferred Wall Seam Location**

**Bead Colour**    WHITE     BLUE     GREY

**IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED**