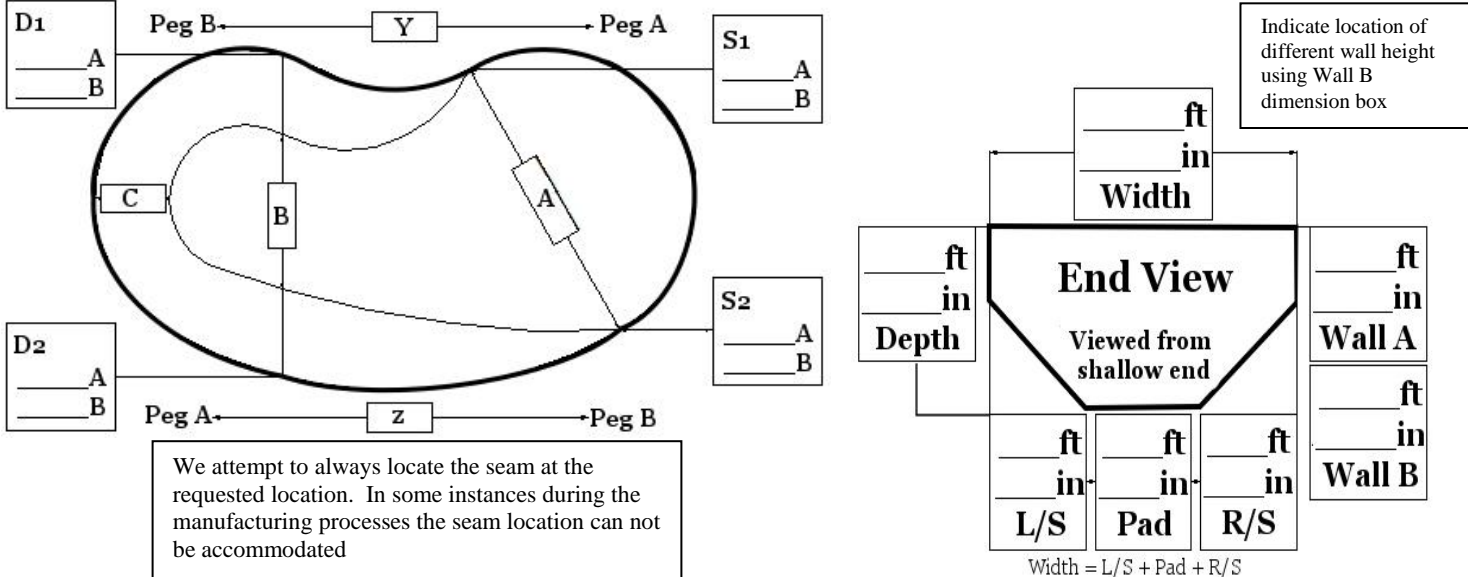


## KIDNEY Measurement Template

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