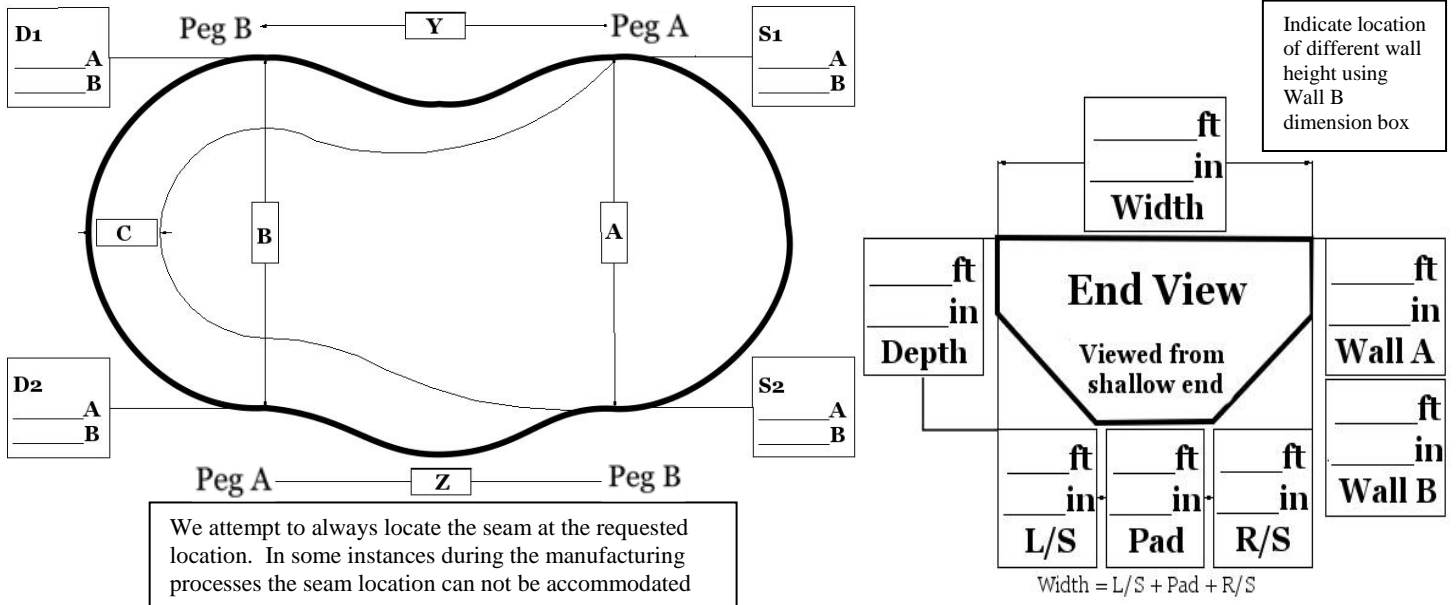


HUMPBACK KIDNEY Measurement Template **QUOTE** **ORDER**

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