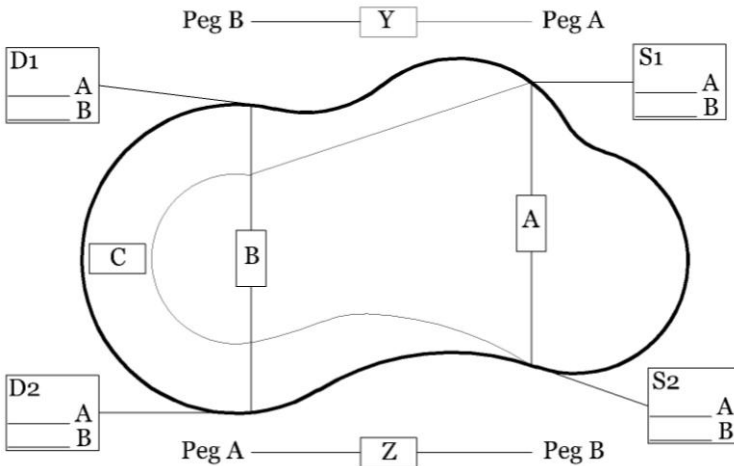


FREEFORM KIDNEY Measurement Template

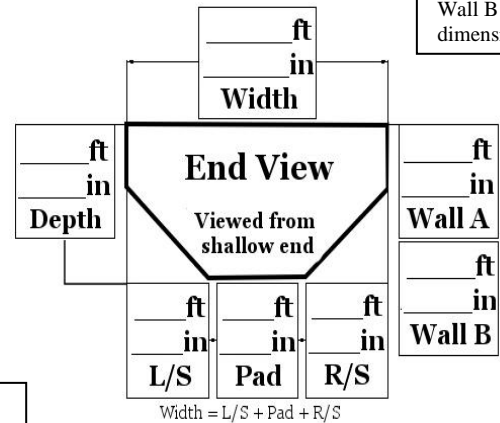
 QUOTE

 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	Yes	No	ft	inch
Slope Length <input type="text"/> C	ft	inch	Side Safety Ledge R/S	ft	inch	ft	inch
		AB Peg Distance <input type="text"/> Y	ft	inch	AB Peg Distance <input type="text"/> Z	ft	inch
		Perimeter		ft	inch		



Indicate location of different wall height using Wall B dimension box



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