

580 Mayer Street
Building #7
Bridgeville, PA 15017



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SHOWER KIT ORDER FORM

COMPANY _____ DATE _____

CUSTOMER _____ PHONE # (____) _____

PO# _____ WORK ORDER _____

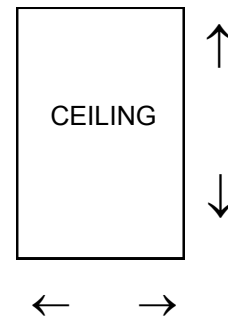
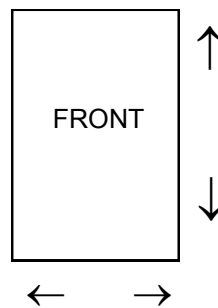
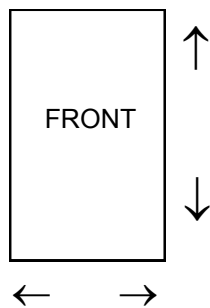
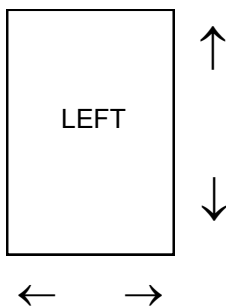
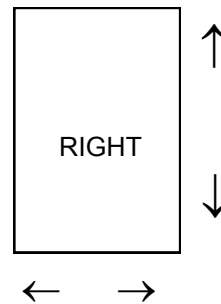
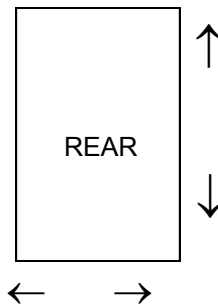
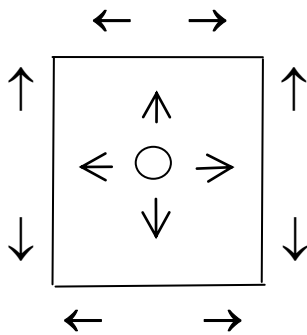
COLOR _____ FINISH GLOSS MATTE

DIMENSIONS: BASE _____ REAR PANEL(S) _____

LEFT PANEL _____ RIGHT PANEL _____

FRONT PANEL(S) _____ CEILING PANEL _____

DRAIN LOCATION: LEFT CENTER RIGHT OTHER _____



COMMENTS
