



BATHROOM & SHOWER ACCESSORIES

(See pages 19-20 for product details)	QTY.	COLOR & FINISH
<input type="checkbox"/> Corner Seat	_____	_____ <input type="checkbox"/> Gloss <input type="checkbox"/> Matte
<input type="checkbox"/> Corner Seat with Supports	_____	_____ <input type="checkbox"/> Gloss <input type="checkbox"/> Matte
<input type="checkbox"/> Toothbrush Holder	_____	_____ <input type="checkbox"/> Gloss <input type="checkbox"/> Matte
<input type="checkbox"/> Towel Bar Ends	_____	_____ <input type="checkbox"/> Gloss <input type="checkbox"/> Matte
<input type="checkbox"/> Surface Mount Toilet Paper Holder	_____	_____ <input type="checkbox"/> Gloss <input type="checkbox"/> Matte
<input type="checkbox"/> Recess Toilet Paper Holder	_____	_____ <input type="checkbox"/> Gloss <input type="checkbox"/> Matte
<input type="checkbox"/> Surface Mount Soap Holder	_____	_____ <input type="checkbox"/> Gloss <input type="checkbox"/> Matte
<input type="checkbox"/> Corner Soap Holder	_____	_____ <input type="checkbox"/> Gloss <input type="checkbox"/> Matte
<input type="checkbox"/> Corner Caddy	_____	_____ <input type="checkbox"/> Gloss <input type="checkbox"/> Matte
<input type="checkbox"/> Recess Soap Holder 1	_____	_____ <input type="checkbox"/> Gloss <input type="checkbox"/> Matte
<input type="checkbox"/> Recess Soap Holder 2	_____	_____ <input type="checkbox"/> Gloss <input type="checkbox"/> Matte
<input type="checkbox"/> Double Wide Recess Soap & Shampoo Holder	_____	_____ <input type="checkbox"/> Gloss <input type="checkbox"/> Matte
<input type="checkbox"/> Single Recess Soap & Shampoo Holder	_____	_____ <input type="checkbox"/> Gloss <input type="checkbox"/> Matte
<input type="checkbox"/> Single Recess Shampoo Holder	_____	_____ <input type="checkbox"/> Gloss <input type="checkbox"/> Matte

TRIM & SPECIAL MOLDING

(See page 21 for product details)	LINEAR FEET	COLOR & FINISH
<input type="checkbox"/> Cap Molding	_____	_____ <input type="checkbox"/> Gloss <input type="checkbox"/> Matte
<input type="checkbox"/> Cove Molding	_____	_____ <input type="checkbox"/> Gloss <input type="checkbox"/> Matte
<input type="checkbox"/> Corner Molding	_____	_____ <input type="checkbox"/> Gloss <input type="checkbox"/> Matte
<input type="checkbox"/> Colonial Casing	_____	_____ <input type="checkbox"/> Gloss <input type="checkbox"/> Matte