

1 Measurements

	FT	IN
D	_____	_____
E	_____	_____
F	_____	_____
G	_____	_____
H	_____	_____
I	_____	_____
J	_____	_____

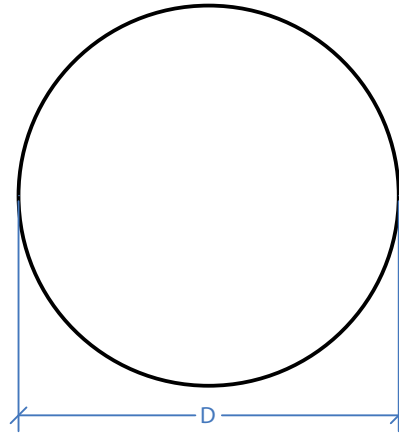
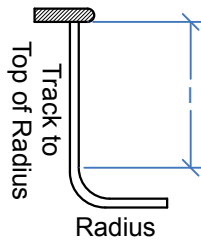
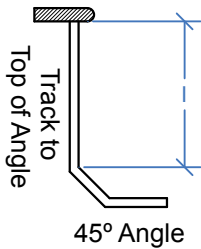
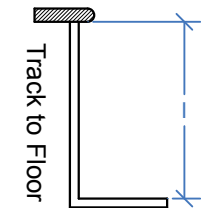
2 Liner Mounting

- Beaded
- Overlap

3 Liner Material

	Mil	Pattern
Floor	<input type="checkbox"/> 20 <input type="checkbox"/> 30 _____	
Wall	<input type="checkbox"/> 20 <input type="checkbox"/> 30 _____	

4 Shallow End



Measurement Checks
E, F & G should equal D

5 Customer

Name _____

Address _____

City _____

State _____ Zip _____

Phone 1 _____

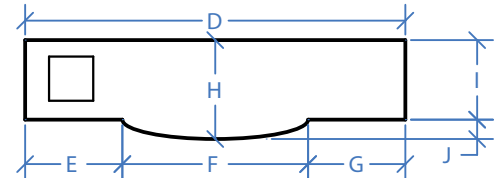
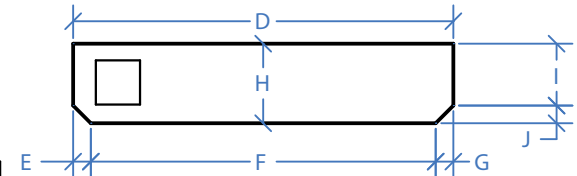
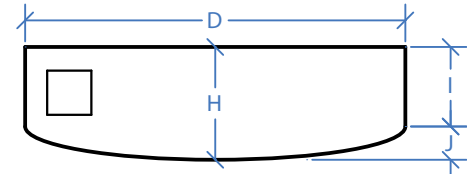
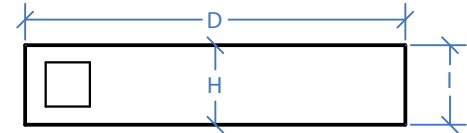
Phone 2 _____

Fax _____

Email _____

Representative _____

Side View (check one)



6 Step Detail

	Yes	No
Liner Covers Steps?	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Steps?	<input type="checkbox"/>	<input type="checkbox"/>