

MEASUREMENT GUIDE

Date: _____

Company Name: _____ Phone: _____

Contact Name: _____ Fax: _____

P.O.# _____ Quantity: _____ Shower Head

Metal Color: _____ Glass Color: _____

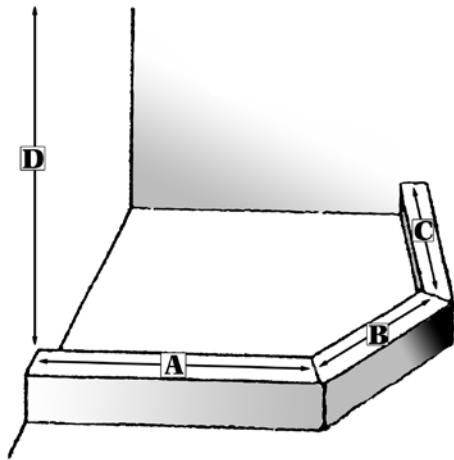
Hinge _____ Extras: _____

Neo Angle Stall Shower Enclosure

(Circle the title corresponding to the unit you are measuring.)

UNIT LEFT

UNIT RIGHT



EHD135PK

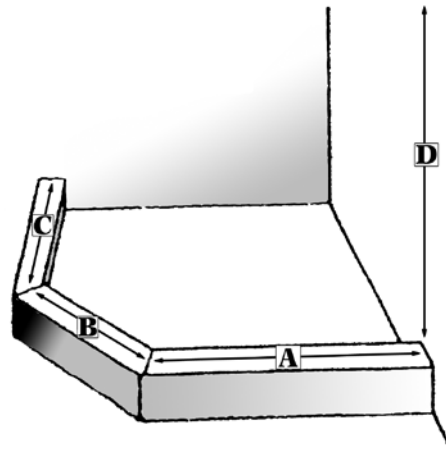
A

B

C

D STD. 71"

D SPEC. ____"



(Door is on Panel B unless specified differently.)

PHONE
1-800-842-3205

GLAS*Source*

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1-616-842-2157

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