

MEASUREMENT GUIDE

Date: _____

Company Name: _____ Phone: _____

Contact Name: _____ Fax: _____

P.O.# _____ Quantity: _____ Shower Head

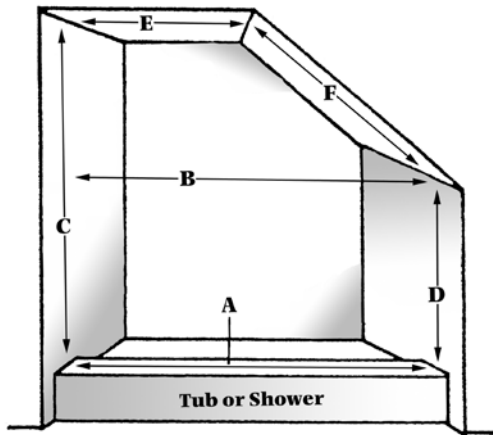
Metal Color: _____ Glass Color: _____

Hinge _____ Extras: _____

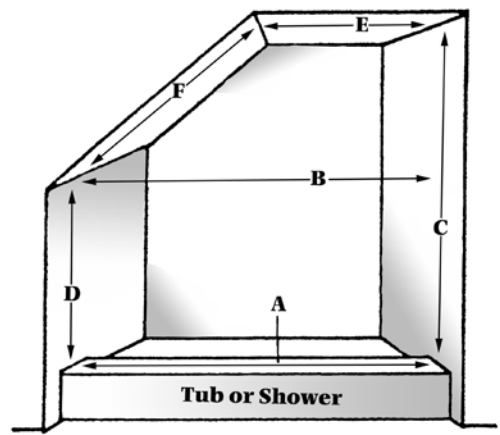
Pivot with Clipped Panel

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

UNIT LEFT



UNIT RIGHT



A

B

C

D

E

F

(Accurate measurements are necessary.)

PHONE
1-800-842-3205

GLASS*Source*

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1-616-842-2157

Email: orders@glassource.net