

MEASUREMENT GUIDE

Date: _____

Company Name: _____ Phone: _____

Contact Name: _____ Fax: _____

P.O.# _____ Quantity: _____ Shower Head

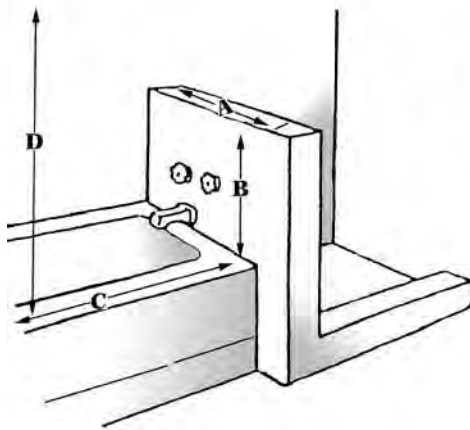
Metal Color: _____ Glass Color: _____

Extras: _____

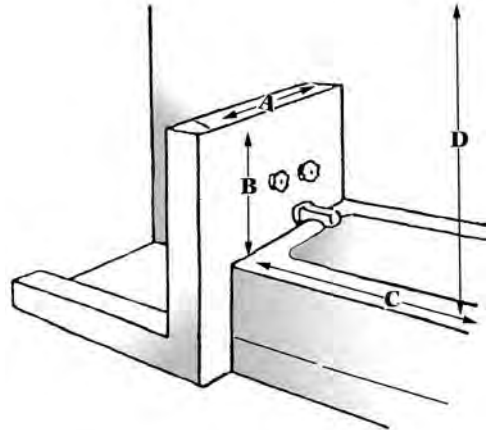
Sliding Tub Enclosure with 90° Buttress Panel

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

UNIT LEFT



UNIT RIGHT



Signature

A

B

C

D "

D "

(If you need assistance measuring, see our buttress measuring guide.)

PHONE
1-800-842-3205

GLASS*Source*

FAX
1-616-842-2157

Email: orders@glassource.net