

MEASUREMENT GUIDE

Date: _____

Company Name: _____ Phone: _____

Contact Name: _____ Fax: _____

P.O.# _____ Quantity: _____ Shower Head

Metal Color: _____ Glass Color: _____

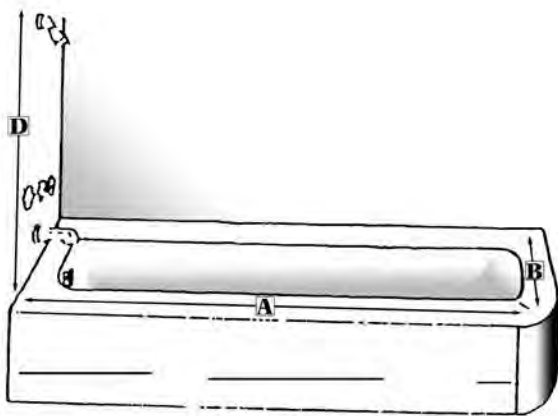
Return Panel Extras: _____

Sliding Tub Enclosure with 90° Return Panel

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

UNIT LEFT

UNIT RIGHT



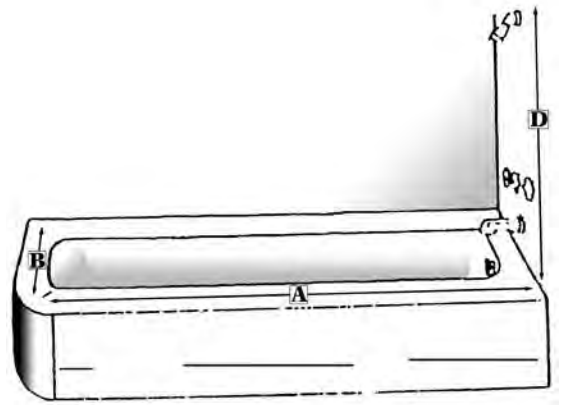
Signature

A

B

D STD. 57 7/8"

D SPEC. _____"



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GLASS*Source*

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Email: orders@glassource.net