

BATHTUB ORDER FORM

CUSTOMER: _____ **MODEL #:** _____
SOLD TO: _____ **COLOR:** _____
JOB NAME: _____ **SIZE:** _____
ORDERED BY: _____ **TEMPLATE GIVEN**
PHONE #: _____ **YES NO**
DATE NEEDED: _____ **CUSTOMER INITAILS:** _____

TUB INFORMATION (PLEASE CHECK ALL THAT APPLY)

TUB ONLY:

- ___ LEFT DRAIN
- ___ RIGHT DRAIN
- ___ SKIRTED

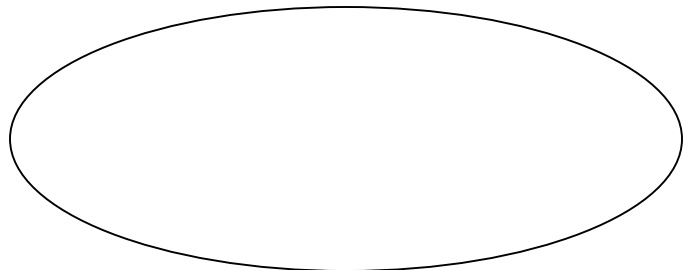
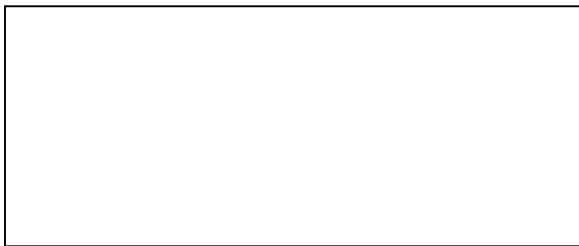
JETTED:

- ___ LEFT DRAIN
- ___ RIGHT DRAIN
- ___ SKIRTED
- ___ REMOTE PUMP
- * ___ # FT. REQUIRED
- ___ TILE FLANGE
- ___ PUMP LOCATION
- *(IF OTHER THAN SPECIFIED PLEASE MARK WITH (X) BELOW)
- ___ IN-LINE HEATER
- ___ MOOD LIGHTING
- ___ LOW WATER PROTECTION

AIR/ THERMAL:

- ___ LEFT DRAIN
- ___ RIGHT DRAIN
- ___ SKIRTED
- ___ REMOTE PUMP
- * ___ #FT. REQUIRED
- ___ TILE FLANGE
- ___ AIR SWITCH
- ___ COMBO UNIT
(JETTED & THERMAL)

COMPONENT LOCATIONS—PLEASE MARK DRAIN AND PUMP LOCATION BELOW WITH AN (X)



CUSTOMER: _____ **DATE:** _____

*NOTE: PLEASE BE ADVISED—THIS IS A SPECIAL ORDER TUB AND WAS CUSTOMIZED BY YOU, BY SIGNING BELOW YOU ACCEPT RESPONSIBILITY THAT TUB IS NON-RETURNABLE/ NON-REFUNDABLE. PLEASE MAKE SELECTIONS CAREFULLY.

