

DATE: _____

CUSTOMER: _____

P.O. #: _____

JOB NAME: _____

UNIT NAME:

NOTES: _____

PROJECT SCOPE:

QUANTITY: _____

PROJECT TYPE: _____

DELIVERY ADDRESS: _____

CHECK EACH ITEM THAT APPLIES

UNIT TYPE

- ☐ Door hinge left
- ☐ Door hinge right
- ☐ Stationary Panel

DOOR WIDTH

_____ Required

SWING DOOR PULL

- ☐ C-Pull
- ☐ Ladder Pull
- ☐ Square Pull
- ☐ Towel Pull
- ☐ Towel Bar/Pull Combo

FRAMELESS OPTION

- ☐ Clips
- ☐ U-Channels
- Type of Channels*
- ☐ 3/4" channel
- ☐ 1-1/4" channel

GLASS TYPE

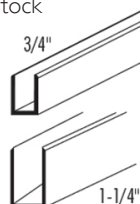
- ☐ Clear
- ☐ ShowerGuard
- ☐ Ultra White ShowerGuard
- ☐ _____
- ☐ KD (No Glass)

GLASS THICKNESS

- ☐ 3/8"

CUSTOM PANELS

- ☐ Custom
- ☐ Stock

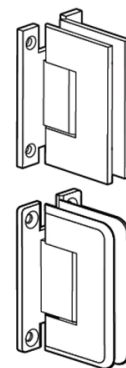


METAL FINISH

- ☐ Brushed Nickel
- ☐ Chrome
- ☐ Oil Rubbed Bronze
- ☐ Matte Black
- ☐ _____

HINGE

- ☐ Square



- ☐ Beveled

SURFACE PROTECTION: ☐ Add C.10

All measurements are assumed to be **CENTERLINE**

Wall Leans
IN =
OUT =

Wall Leans
IN =
OUT =

Select one:
☐ as shown
☐ reversed

