

Showerline - Freestanding Bath Order Form



Store Details - (To be completed by the Store only)

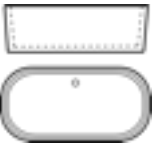

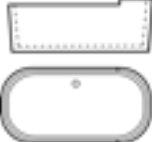
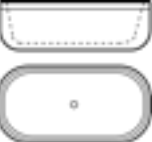

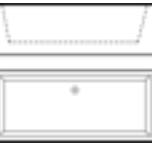




Purchase Order Number: _____
 Branch Name: _____
 Branch Number: _____
 Sales Person Name: _____

Date Ordered: ____/____/____
 Date Required: ____/____/____
 Quantity: _____

Customer Requirements (To be completed by the customer)

FAX BACK TO SHOWERLINE ON (03) 5240 4455

STEP 1

Brand	Colour	Brand	Colour
 <input type="checkbox"/> masson1700 - 1700 x 850 x 540	- White	 <input type="checkbox"/> sherman1700 - 1700 x 800 x 580	- White
 <input type="checkbox"/> charcot1800 - 1800 x 850 x 660	- White	 <input type="checkbox"/> livingston1880 - 1880 x 920 x 570	- White
 <input type="checkbox"/> siple1880 - 1880 x 850 x 660	- White	 <input type="checkbox"/> mill1700 - 1700 x 750 x 530	- White
 <input type="checkbox"/> thurston1800 - 1800 x 920 x 700	- White	 <input type="checkbox"/> anvers1800 - 1800 x 850 x 660	- White
 <input type="checkbox"/> alexander1800 - 1800 x 860 x 600	- White	 <input type="checkbox"/> brabant1700 - 1700 x 750 x 590	- White

STEP 2

Customer Signature: _____ Customer Name: _____

By signing this you agree that you have checked that this product is suitable for your application