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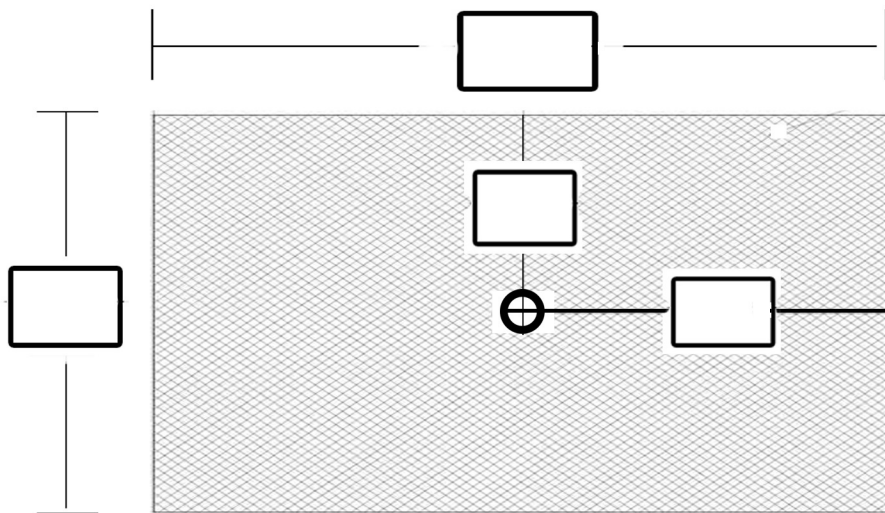
Customer _____
 Street _____
 City/State/Zip _____
 Phone # _____

Date _____ Need By _____
 Purchase Order # _____
 Job Name _____

No cancellations or changes can be made after 48 hours.

Custom Shower Base Order Form

* Cast stone products are man made and just as with natural stone the color and veining may tend to vary from samples



Indicate the overall size of shower base including the threshold. We will make adjustments for the threshold.

_____ X _____

Shower Base

- ☐ Standard Texture
☐ Pebblestonz

☐ **Threshold**

- ☐ Standard
☐ Three Piece
☐ Handicap

☐ **Threshold**

Note:
 Thresholds are separate pieces and are to be fit on the job by the installer.

Please indicate side(s) that will have a threshold.

COLOR NAME & # _____

FINISH ☐ Gloss
☐ Matte

Textured areas of custom shower bases cannot be matted - only smooth areas such as thresholds.

Cost _____

F.S. _____

Contact _____
 Phone _____
 Fax _____
 Email _____

INTERNAL USE ONLY

Mix Number	Mold	Setup by	Setup checked by	Sprayed by	Finisher	QCI