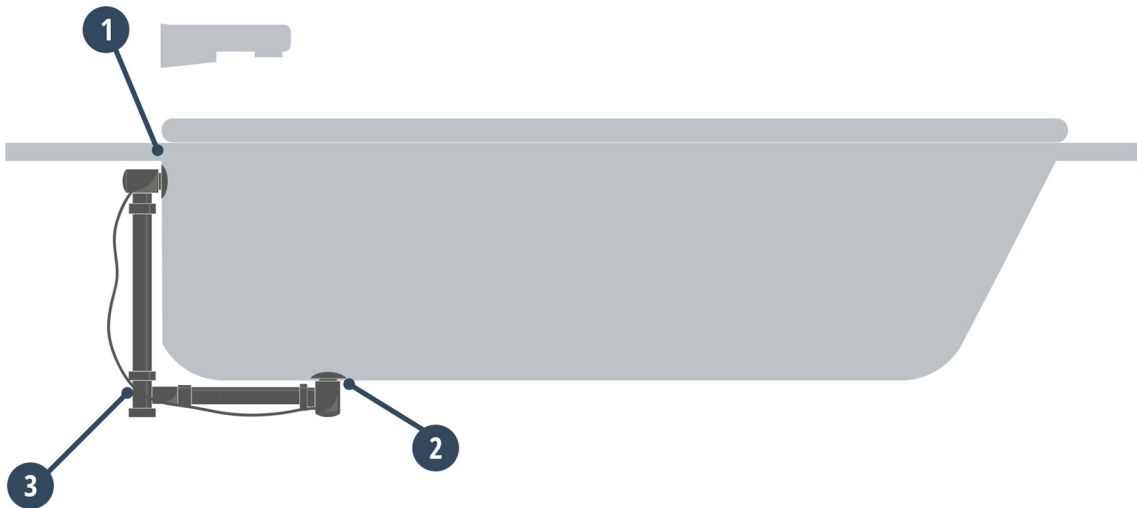


Project Location: _____
Date: _____
Customer Name: _____
Sales Order Number: _____

1. Overflow Trim _____
2. Drain Trim _____
3. Bath Waste & Overflow* _____



■ Mandatory ■ Not Mandatory *Available as a Complete Kit