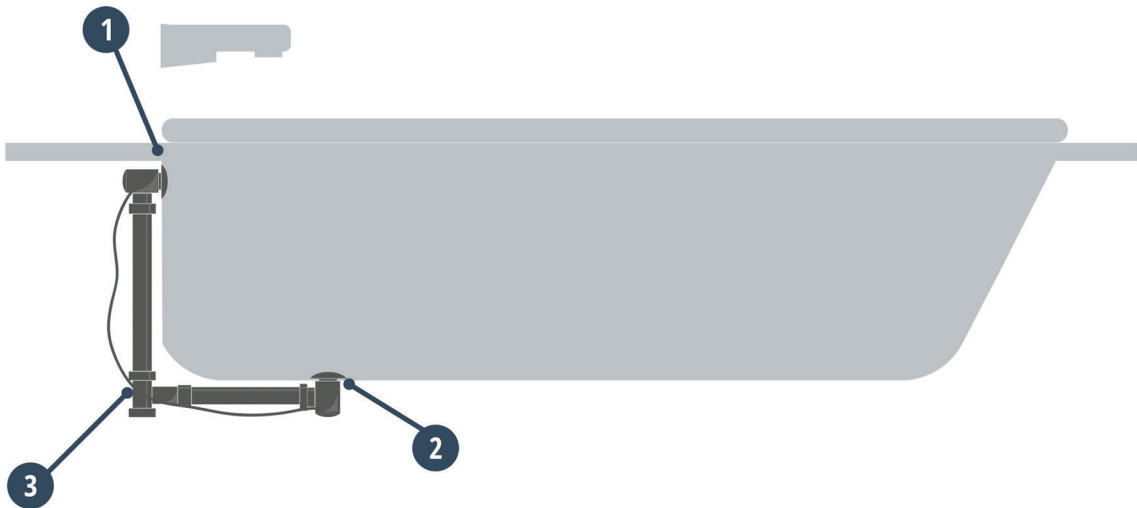


Project Location: _____
 Date: _____
 Customer Name: _____
 Sales Order Number: _____

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



■ Mandatory ■ Not Mandatory *Available as a Complete Kit