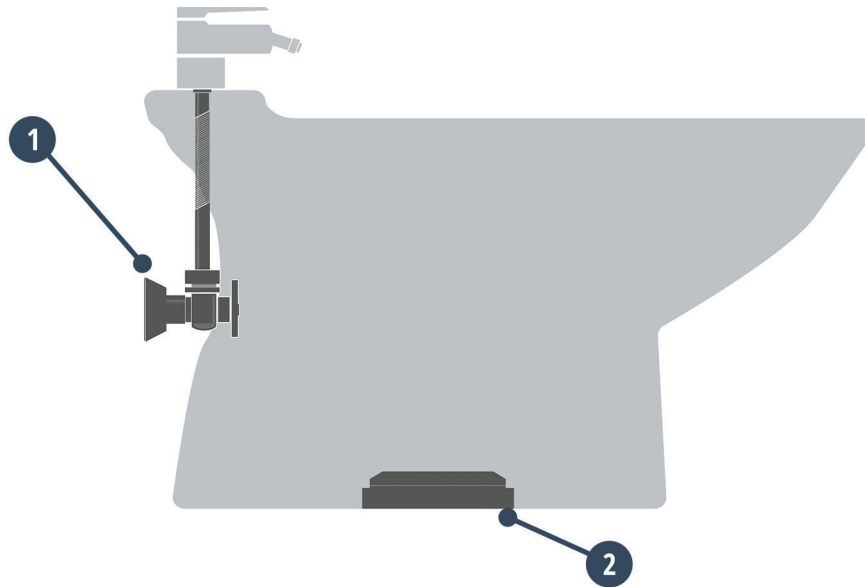


Project Location: \_\_\_\_\_  
Date: \_\_\_\_\_  
Customer Name: \_\_\_\_\_  
Sales Order Number: \_\_\_\_\_

- 1. Toilet Supply Kit \_\_\_\_\_
- 2. Wax Ring \_\_\_\_\_



■ Mandatory    ■ Not Mandatory