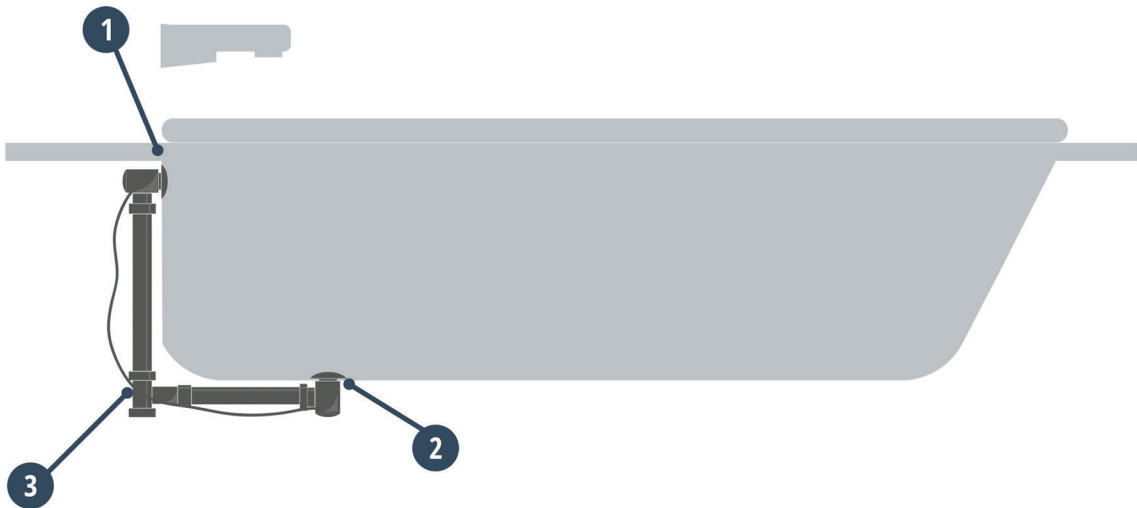


Project Location: _____
Date: _____
Customer Name: _____
Sales Order Number: _____

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



■ **Mandatory** ■ **Not Mandatory** *Available as a Complete Kit