

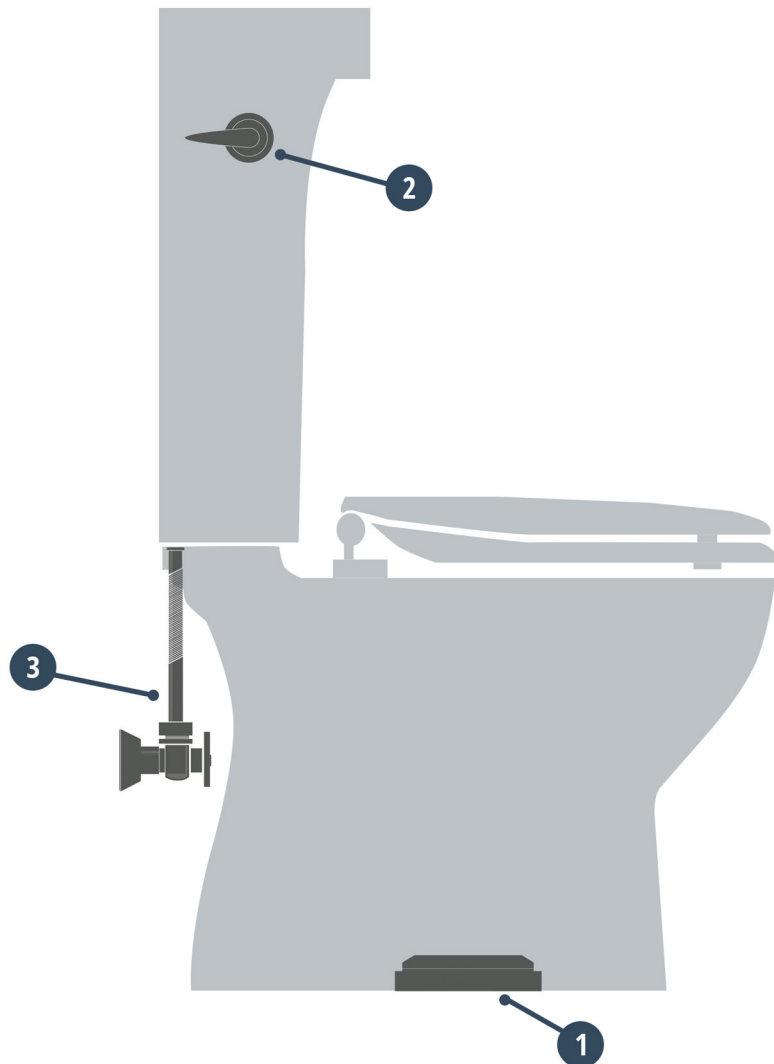
Project Location: _____

Date: _____

Customer Name: _____

Sales Order Number: _____

- 1. Wax Ring** _____
- 2. Toilet Tank Lever** _____
- 3. Toilet Supply Kit** _____



Mandatory



Not Mandatory