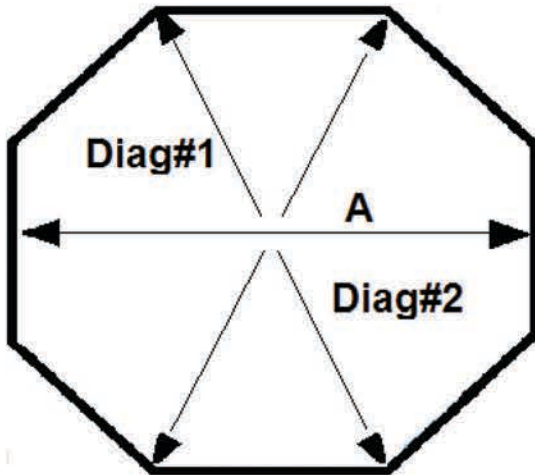


Name: _____
Address: _____
City: _____ **State/Prov:** _____ **Zip/Postal Code:** _____
Phone: Home (____) _____ Work (____) _____
Fax: (____) _____ **Email** _____

Liner Description

Pattern: _____ **Gauge:** _____ **Bead Type:** _____



Comments

Dimensions

Width (A) _____ ft _____ in

Diag#1 _____ ft _____ in

Diag#2 _____ ft _____ in

Wall Height [J] _____ ft _____ in

P.O.#

Signature

 Your signature indicates that you have verified your measurements and that the information you have provided is correct.