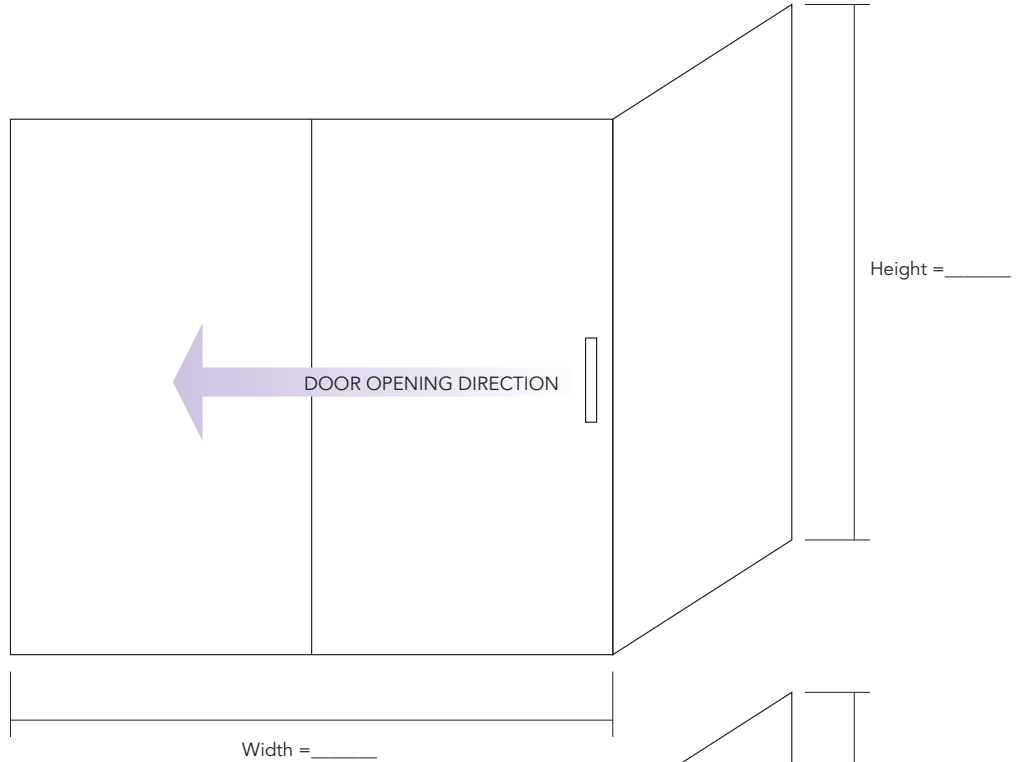
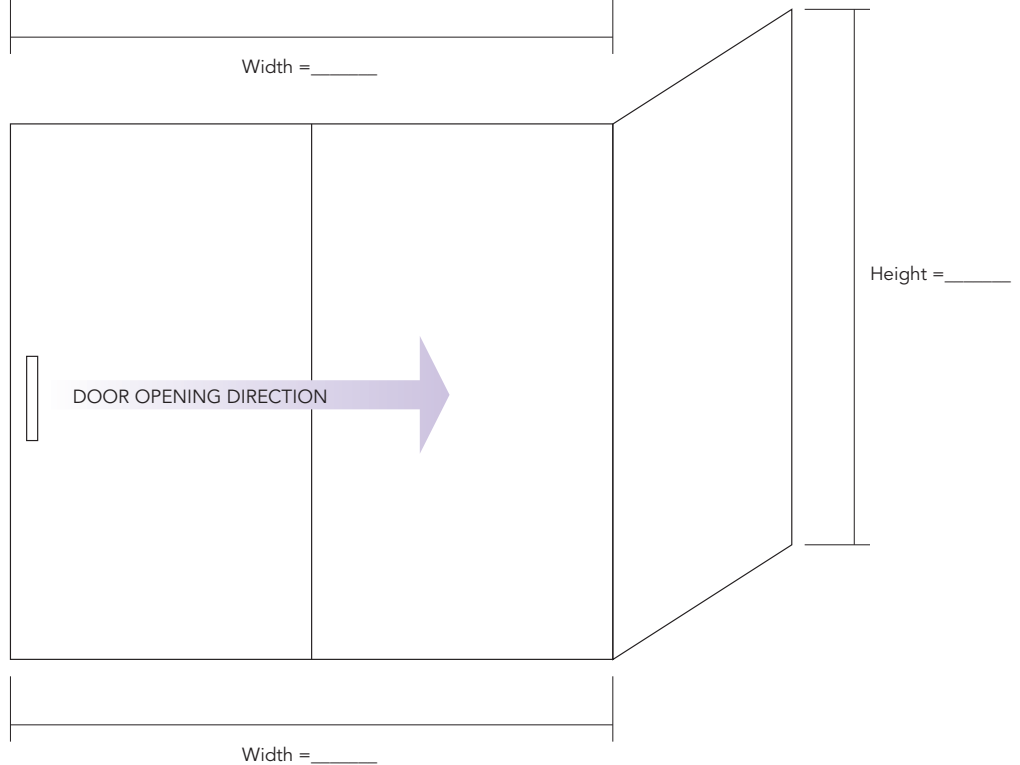


Name		Address			
Phone	Email		Ordering Branch		
Sales Contact		Branch Order #	Date / /		ETA / /
Colour (please tick) <input type="radio"/> Silva <input type="radio"/> White		Opening Configurations Option (please tick) <input type="radio"/> Left Hand <input type="radio"/> Right Hand			Return Width if Required

CONFIG 1
Left Hand Fixed



CONFIG 2
Right Hand Fixed



TERMS & CONDITIONS:

We recommend you use a professional tradesman to install your product such as a Trained Shower Installer. This ensures our 5 Year Warranty requirements are met during installation.

I agree information provided are correct specifications for this custom order. I have read and understood the conditions are met to comply for the 5 Year Warranty.

Customer Signature _____