



Sparkhomes.com.au

SPARK BUSINESS GROUP

Email: enquiry@sparkbusinessgroup.com.au Website: sparkhomes.com.au
Unit 3, 13 McCormack Street, Arndell Park, 2148 NSW
Telephone: (02) 88074717, (02) 86787856

SHOWER SCREEN
ORDER FORM

Customer Name: _____

DATE

Site Address: _____

Site Phone: _____

Fibre Composites Contact Person: _____ Phone: _____

PIVOT/SLIDING

STYLE: PIVOT 2000

FRAME COLOUR: _____

GLASS TYPE: _____

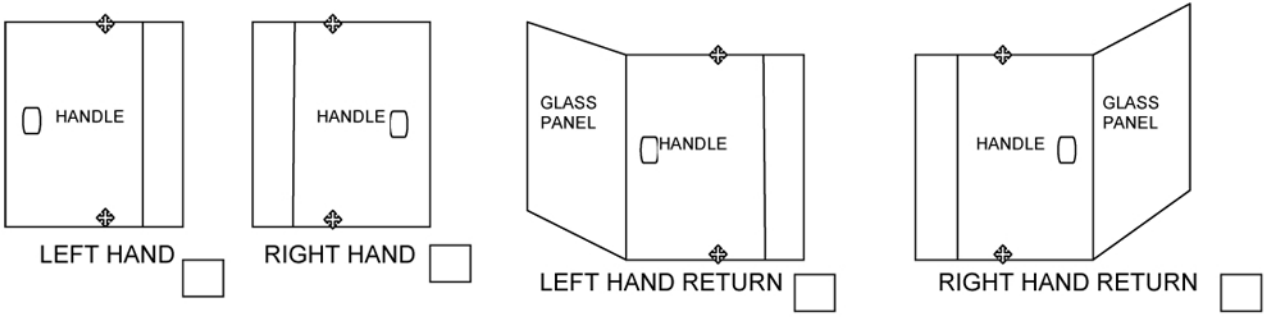
FIT SHOWER SCREEN TO:	Add-A-Bathroom BATHROOM MODULE	YES	NO
	FIBRE COMPOSITES SHOWER CUBICLE	YES	NO

MODULE TYPE: _____

APPROX. HEIGHT _____ PANEL: _____

APPROX. WIDTH _____ HINGE: _____

INSTALLATION INFORMATION: ***Always for bathrooms; Drain slot in bottom rail please.***



SIZE: _____

Site check measure required _____ YES / NO

READY TO MEASURE APPROX: _____ REQUIRED INSTALL APPROX: _____

INSTALLER _____

Name of person authorised to purchase _____

CHECKED BY _____

Signed _____

If site measurements vary from standard sizes please advise our Consultant with differential prior to fabrication. No variation will be accepted for changes to above specifications unless authorised by the Client and a request forwarded to our Contracting office within 48 hours.

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