

Tub Order Sheet

When You Want the Best

Evaluated by:

Customer's name:

	Left	Right	Initials	Notes:	
Plumbing wet wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	0	1	2		
Number of dedicated circuits required for install	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		In	out		unknown
Door swing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	yes	no	unknown		
Will unit fit through doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
What year was home built	_____				
Does customer own home	_____				
Size of existing space in inches	_____				
Size of tub purchased in inches	_____				
Type of surround	_____				
Curtain rod / curtain	_____				
Flooring requirements	_____				
Wall surface finish	_____				
Grab bars	_____				
Special needs of customer	_____				
Special instruction for installer	_____				

Customer signature: