

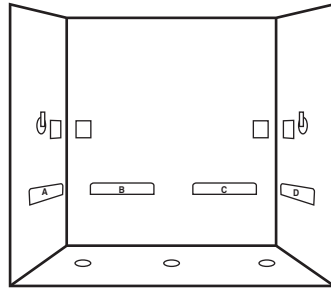
AMERICAN BATH ENTERPRISES, INC.
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Sales@Americanbathind.com

ACCESSABATH SYSTEM ORDER FORM - PAGE 1 OF 2

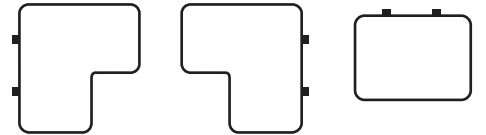
AB-3837BF AccessaBath Wheel Chair Access System \$1,995*



Shown above is our Model AB-6232BF wheel chair accessible system with a center drain location.



Instructions: In the above schematic, please indicate your desired locations of the soap dish and shower pan drain.



Left hand return Right hand return Rectangular

AB-3837BF Components

| DESCRIPTION | ITEM # | SPECIFICATIONS | INDICATE DESIRED OPTIONS |
|---|-------------------------------|---|--------------------------|
| AmeriWall Shower Enclosure With or Without A Molded In Soap Dish | 403772SA | 40"w x 36 3/4"d x 71 1/4"h (Back Wall Trimmable) | |
| Wheel Chair Transfer Shower Pan | AB-3837BF | 37"d x 38"w Barrier-Free Center Drain | N/A |
| Flexible Threshold | BF-FT | 60"w x 1 1/4"d x 1"h | N/A |
| Folding Rectangular Seat (see above drawing) | SSB-1801 | 18" x 15" (Mount in position A,B,C or D) | N/A |
| Shower Wand | 75800 | 20" Adjustable Hand Held Shower Wand | N/A |
| Pressure Balanced, Scald Guard, Mixing Valve & Trim Kit | R10000 TI13420 | Mixing Valve Trim Kit | N/A |
| Satin Stainless Steel Grab Bars (2) | GSS-180 or GSS-240 GSS-360 | (1) 18" or 24" Grab Bar (1) 36" Grab Bar | |

NOTE: Final height and width dimensions of the delivered product shall be within reasonable tolerances of the quoted height and width dimensions

* Price does not include sales tax or freight charges, and is subject to change without notice

ACCESSABATH SYSTEM ORDER FORM - PAGE 2 OF 2

PURCHASE ORDER FORM

PO # _____

| | |
|--|--|
| <p>SOLD TO</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>TEL _____ FAX _____</p> <p>E-MAIL: _____</p> | <p>SHIP TO</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>TEL _____</p> <p>E-MAIL: _____</p> |
|--|--|

| QTY | DESCRIPTION | COST | EXTENDED |
|-----|-------------|------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Pre-Payment Required:

Visa, Master Card, Cashier's Check or Bank Wire Transfer

15% Re-stocking fee may apply to some return orders

Payment information:

Visa ____ M/C ____ Expires ____ Sec Code ____

Card number: _____

Name as it appears on card

Billing address if different from above

Box charge: _____

Sub Total: _____

Sales Tax: _____

Shipping: _____

TOTAL: _____

Commercial Delivery: _____

Residential Delivery: _____

Will Call: _____