

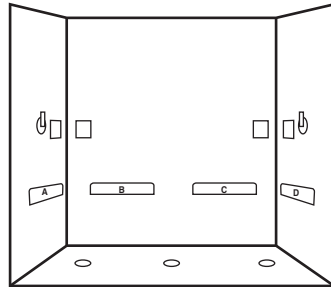
**AMERICAN BATH ENTERPRISES, INC.**  
 PO Box 156, Hayward, CA 94557  
 (888) 228-4925 FAX: (510) 785-6300  
[Sales@Americanbathind.com](mailto:Sales@Americanbathind.com)

**ACCESSABATH SYSTEM ORDER FORM - PAGE 1 OF 2**

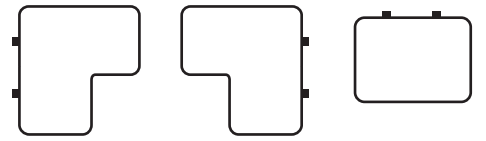
**AB- 3837BF AccessaBath Wheel Chair Access System \$2,020\***



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><b>SOLD TO</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>TEL _____ FAX _____</p> <p>E-MAIL: _____</p>	<p><b>SHIP TO</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>TEL _____</p> <p>E-MAIL: _____</p>
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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: \_\_\_\_\_