

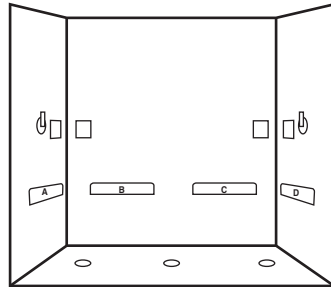
**AMERICAN BATH ENTERPRISES, INC.**  
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[Sales@Americanbathind.com](mailto:Sales@Americanbathind.com)

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

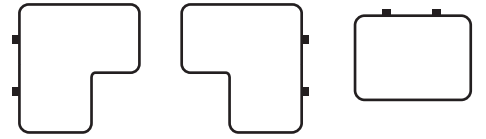
**AB- 4836BF AccessaBath Wheel Chair Transfer System \$2,020\***



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-4836BF Components**

DESCRIPTION	ITEM #	SPECIFICATIONS	INDICATE DESIRED OPTIONS
AmeriWall Shower Enclosure With or Without A Molded In Soap Dish	503672SA	50" w x 36" d x 71 1/4" h (Back Wall Trimmable)	
Wheel Chair Transfer Shower Pan (No Ramp Required)	AB-4836BF	48" x 37" x 4 1/2" Barrier-Free Center Drain	N/A
Contour Flexible Threshold With End Caps	CWR-66	66" l x 1 1/4" h	N/A
Folding Rectangular or Folding L-Shape Seat	SSB-1801 SSL-235225 (Left Return) SSR-235225 (Right Return)	18" x 15" (Mount in position A,B,C or D) 23.5" x 22.5" (Mount in position A or C) 23.5" x 22.5" (Mount in position B or D)	
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

**PURCHASE ORDER FORM**

**PO #** \_\_\_\_\_

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