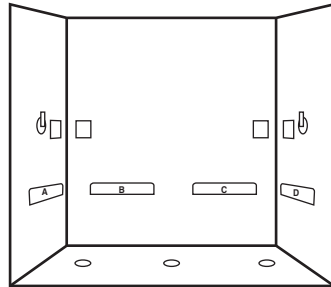


ACCESSABATH SYSTEM ORDER FORM - PAGE 1 OF 2

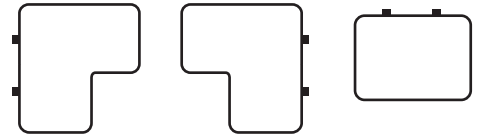
AB- 6030BF AccessaBath Wheel Chair Access System \$2,420*



Shown above is our Model AB-6030BF wheel chair accessible system with a left 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-6030BF Components

DESCRIPTION	ITEM #	SPECIFICATIONS	INDICATE DESIRED OPTIONS
AmeriWall Shower Enclosure With or Without A Molded In Soap Dish	603072SA	60"w x 30"d x 71 1/4"h	
Barrier-Free Shower Pan	AB-6030BF-L (Left Drain) AB-6030BF-R (Right Drain)	60 3/8"w x 30"d	
Barrier-Free Ramp	FBF-1260	60"w x 12"d	N/A
Flexible Threshold	BF-FT	60"w x 1 1/4"d x 1"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 1/2" x 22 1/2" (Mount in position A or C) 23 1/2" x 22 1/2" (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

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>
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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: _____