

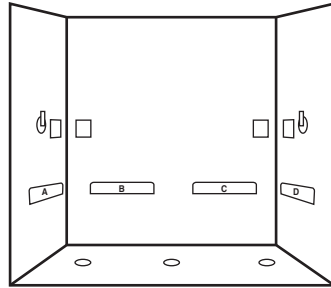
AMERICAN BATH ENTERPRISES, INC.
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ACCESSABATH SYSTEM ORDER FORM - PAGE 1 OF 2

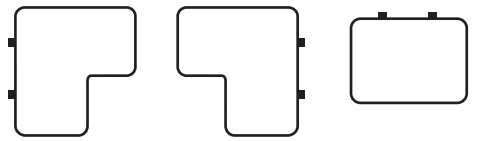
AB- 6232BF ADA Compliant AccessaBath Wheel Chair Access System \$2,720*



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-6232BF Components

DESCRIPTION	ITEM #	SPECIFICATIONS	INDICATE DESIRED OPTIONS
AmeriWall Shower Enclosure With or Without A Molded In Soap Dish	643172SA	64" w x 31" d x 71 1/4" h (Back Wall Trimmable)	
Barrier-Free Access Shower Pan (No Ramp Required)	AB-6232BF	62 3/8" w x 32 1/4" d Center Drain	N/A
Contour Flexible Threshold With End Caps	CWR-66	66" l x 1 1/4" h	N/A
Folding L-Shape Seat	SSL-285225 (Left Return) SSR-285225 (Right Return)	28 1/2" x 22 1/2" (Mount in position A or C) 28 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**	GSS-240 GSS-480	(1) 24" Grab Bar (1) 48" 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

** If no seat is required, system will come with (2) 24" grab bars and (1) 48" grab bar as per ADA guidelines.

ACCESSABATH SYSTEM ORDER FORM - PAGE 2 OF 2

PURCHASE ORDER FORM

PO # _____

SOLD TO _____ _____ _____ TEL _____ FAX _____ E-MAIL: _____	SHIP TO _____ _____ _____ 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: _____