

Date _____ PO# _____

Distributor Bill To _____

Bill To Address _____

City _____ State _____ Zip _____

Contact Name _____ Fax No. _____

Phone _____ Email _____

Shipping Location (if different from above. *Installer will pick up.*) _____

Address _____

City _____ State _____ Zip _____

Homeowner Name and Location of Measure:

Name _____ Phone: _____

Address _____

City _____ State _____ Zip _____

Day Time Phone _____ Addtl Phone. _____

Email _____

Product Selection Information:

(Please note: Installers are instructed not to accept changes or modifications in the field. Customers will be advised to contact their distributor.)

Bathroom 1 Basco or Celesta* Model # _____

Glass Pattern: _____ Frame Finish: _____



AquaGlide: Yes No

Bathroom 2 Basco or Celesta* Model # _____

Glass Pattern: _____ Frame Finish: _____



AquaGlide: Yes No

Bathroom 3 Basco or Celesta* Model # _____

Glass Pattern: _____ Frame Finish: _____



AquaGlide: Yes No

Remove/Dispose of existing enclosure(s): Yes No

**The Celesta Selection Guide should accompany the Request for Measure form for accurate quoting.*

Basco Factory Installation

Phone: (800) 45-BASCO (800-452-2726)

Fax: (877) 422-7269

Please check with your representative for current installation network coverage.