



DRAWING:

GLASS THICK / TYPE: _____ / _____ METAL COLOR: _____ OVERALL HT. _____

[illegible]

Any outages from plumb / level to be considered, must be indicated by direction at each incidence.

(Please show Top View and Side View on angled units)

DIMENSIONS: C/L ☐ OTHER _____

AGALITE MAKE DEDUCTIONS: YES ☐ NO ☐

HINGE LOCATION: HL ☐ HR ☐

DOOR WIDTH: _____

HINGE STYLE: _____

HANDLE / TB TYPE: _____

SHOWER HEAD LOCATION: SHL ☐ SHR ☐

HT. RESTRICTION: CEILING ☐ GROUT LINE ☐ NONE ☐

GLASS CORNER JOINT: BUTT ☐ MITER ☐

PANEL ATTACH: CLIPS ☐ CHANNELS ☐ BOTH ☐ NONE ☐

WIPES / SEALS: BOTT. ONLY ☐ VERT. & BOTT. ☐ STEAM ☐

FACE BEVEL / ETCH:

CLEARSHIELD: YES ☐ NO ☐

Note:
A 20% restocking fee will be assessed for any changes or cancellations. A 60% Production Fee may also be applicable.

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FORM - AGA001