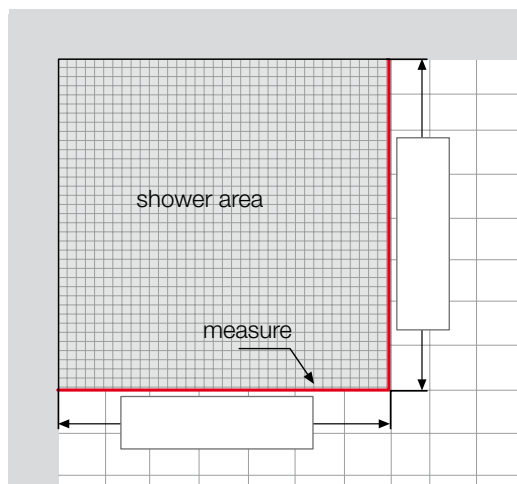


Your measures - please fill in (mm):


Offer: ☐
 Order: ☐ Date: _____
 Oder number: _____
 Measure taken by: _____
 Measurement nr.: _____
 Wholesaler: _____ person of contact: _____
 Plumber: _____ Final customer: _____
 Model-Article: _____
 Height: _____ shower tray model: _____
 Profile colour: _____ Glass: _____ Protect: ☐ Yes ☐ No

Please choose the wished situation (referring to the above indicated measure) :
