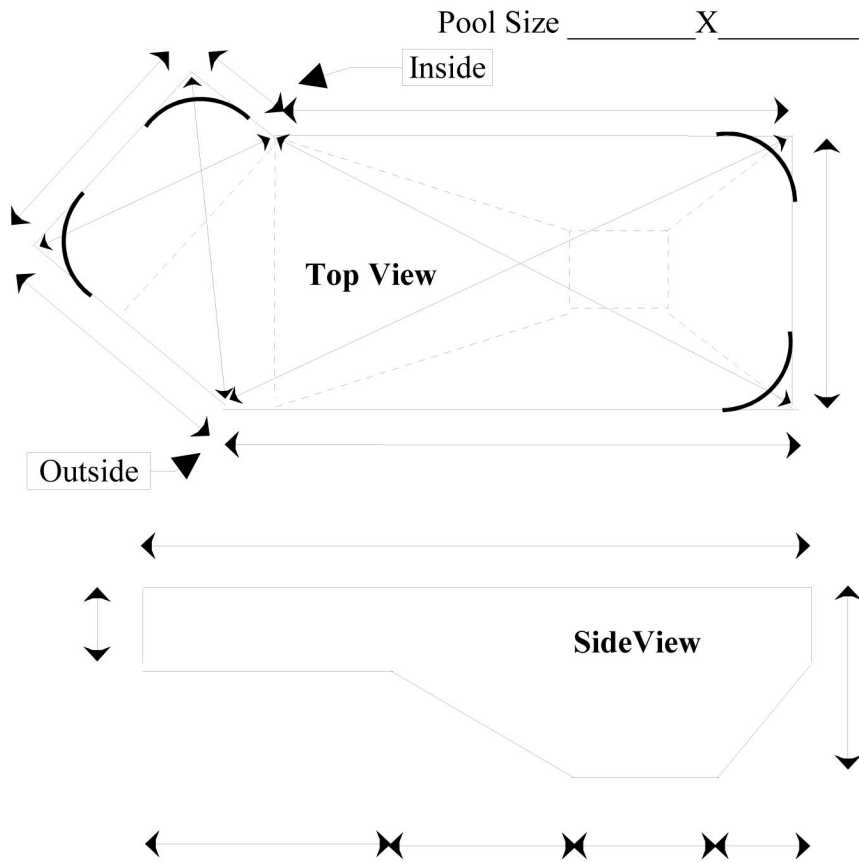


SPECIAL LINER ORDER FORM

Dealer Name: _____
 Address: _____ Date: _____
 City: _____ P.C. _____ Your Name: _____
 Phone: _____ Fax: _____ P.O.: _____ Tag: _____

Lazy "L"



<u>Corners:</u>	<u>Beading:</u>	<u>Mil:</u>	<u>Pattern:</u>
Outside: _____	Yes: _____	30 Mil: _____	Wall: _____
Inside: _____	No: _____		Floor: _____
Ends: _____	Bowled Hopper: Yes: _____	No: _____	
Perimeter: _____	Manufacturer: _____		

Office Use Only	
Serial #:	_____
Advised:	_____
Ship By:	_____
Price:	_____
Net:	_____
PST:	_____
GST:	_____