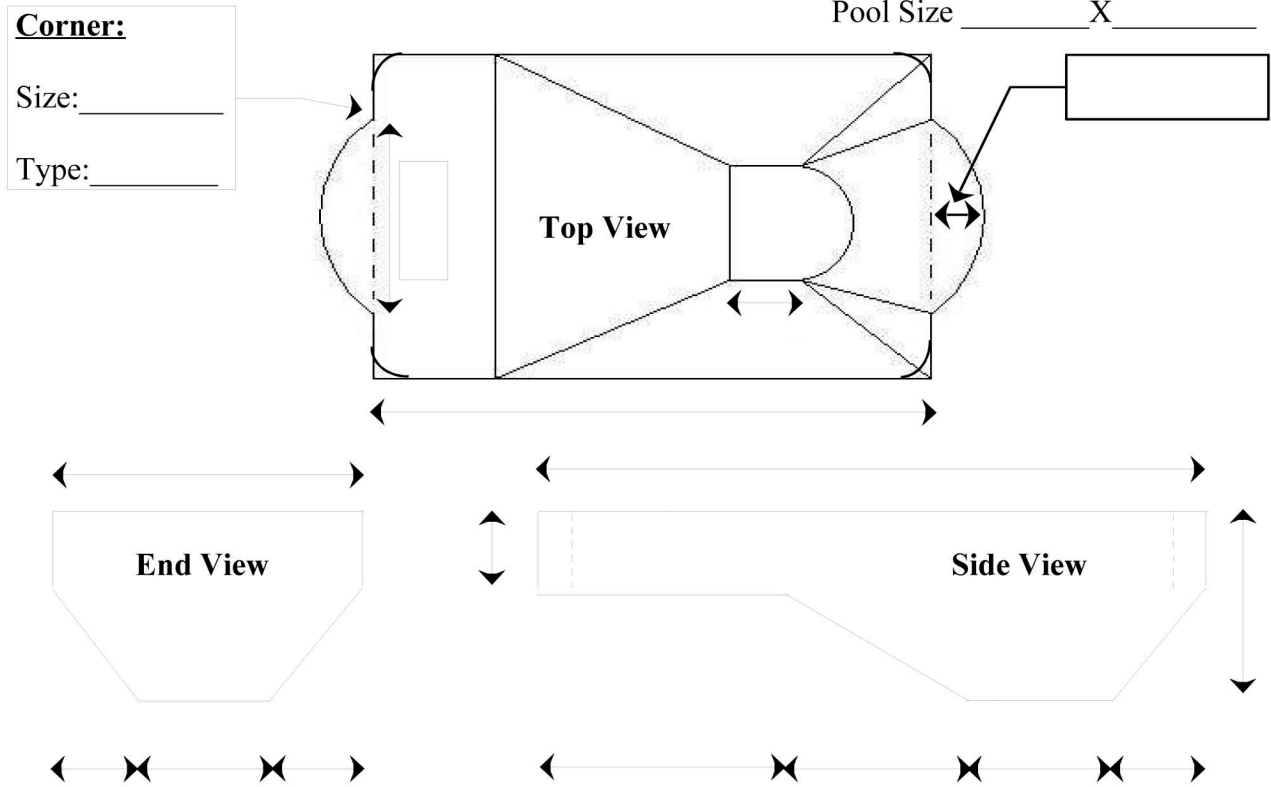


SPECIAL LINER ORDER FORM

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

Roman



<u>Corners:</u>	<u>Beading:</u>	<u>Mil:</u>	<u>Pattern:</u>
Size: _____	Yes: _____ 30 Mil: _____		Wall: _____
Type: _____	No: _____		Floor: _____
	Bowled Hopper: Yes: _____ No: _____		
Perimeter: _____	Manufacturer: _____		

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