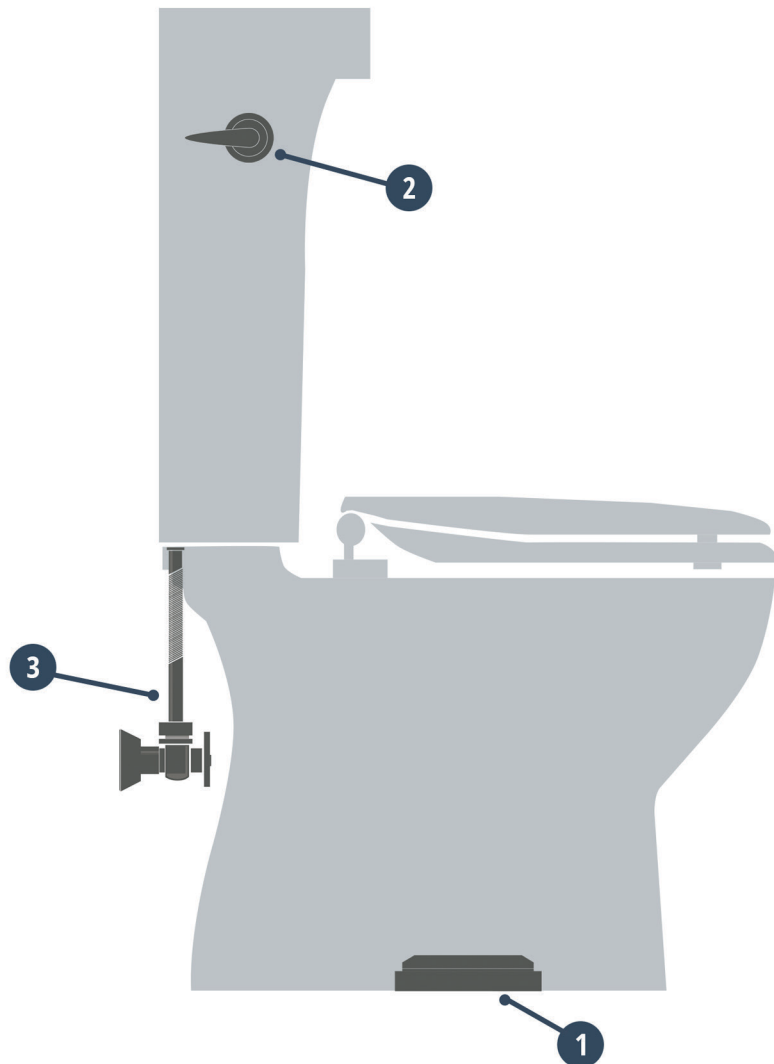


Project Location: \_\_\_\_\_  
Date: \_\_\_\_\_  
Customer Name: \_\_\_\_\_  
Sales Order Number: \_\_\_\_\_

- 1. Wax Ring \_\_\_\_\_
- 2. Toilet Tank Lever \_\_\_\_\_
- 3. Toilet Supply Kit \_\_\_\_\_



■ Mandatory    ■ Not Mandatory