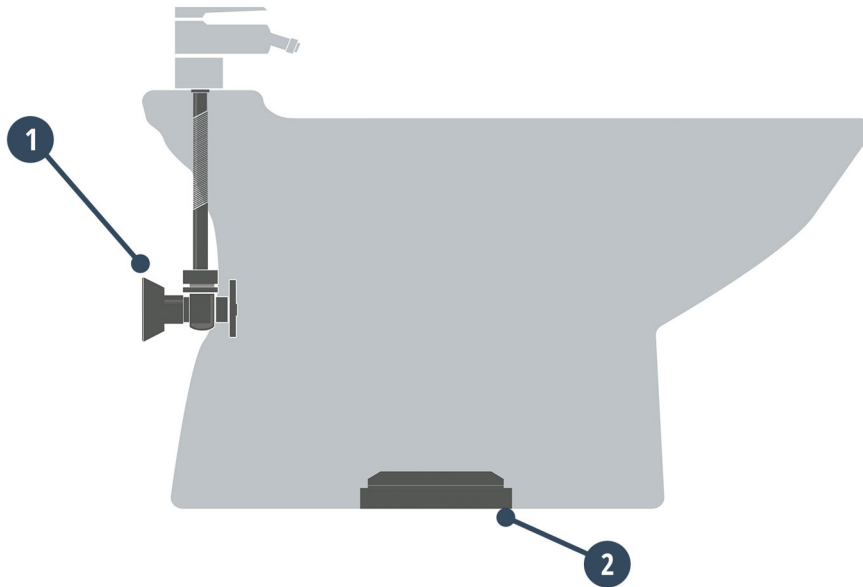


Project Location: _____
Date: _____
Customer Name: _____
Sales Order Number: _____

- 1. Toilet Supply Kit _____
- 2. Wax Ring _____



■ Mandatory ■ Not Mandatory