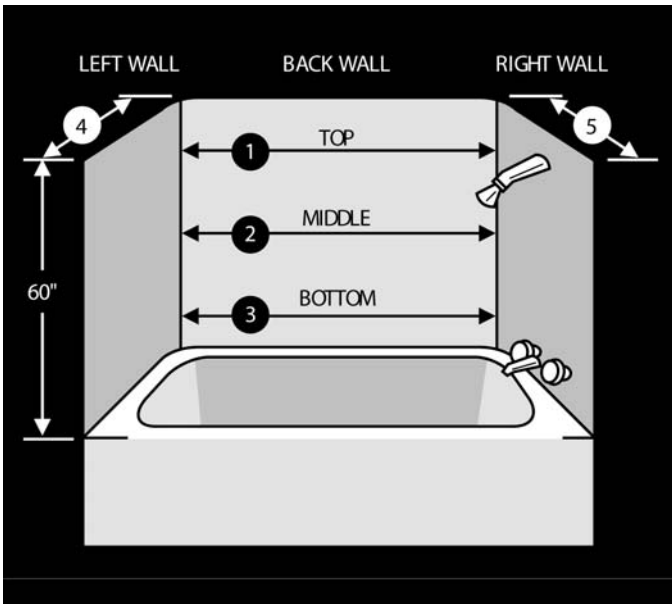


# How to Order Your **tubCove** Bath Wall



## Follow these simple steps to measure your bath wall for a custom fitted TubCove® bath wall.

**First:** We recommend measuring the substrate (green board, cement board, etc.) after you have removed the old tile or tub wall.

**Second:** Measure the back wall between the two end walls as shown on areas marked 1, 2 & 3 on the illustration to the left. Please give exact measurements from end to end at each position.

**Third:** Measure the left & right end walls out to where you want the enclosure wall to end as shown in the areas marked 4 & 5 in the illustration. These measurements do not have to be exact. \*

**Fourth:** Complete the Order Form below. Your signature is your acceptance that your measurements are correct. Orders without phone numbers can not be processed.

Material Name: \_\_\_\_\_ Material Number: \_\_\_\_\_

Trim Molding:  White  Almond  Gray

Back Wall Measurements: ① \_\_\_\_\_ ② \_\_\_\_\_ ③ \_\_\_\_\_

End Wall Measurements: ④ \_\_\_\_\_ ⑤ \_\_\_\_\_

\*Note #4 & #5 measurements are not trimmed. These measurements determine standard 10' or 12' walls.

TubCove® professional installation services can be done in as little as one day and include a Limited 2 Year Warranty on material and workmanship. Contact us today to schedule a free, no-pressure, installation estimate. (Service areas vary)

## 4 Easy Ways to Order!

- PHONE 206-522-1711** Please have your order information ready including the name and number of the product you've chosen and a valid credit card number.
- FAX 206-522-1762** Complete this form in full, including a contact phone number, and fax it to this number. Don't forget your credit card number with expiration date and a signature.
- E-MAIL** You can scan, save and attach your completed Order Form to: [info@tubcove.com](mailto:info@tubcove.com) with a contact phone number, your credit card information and a signature.
- MAIL** You can mail your completed Order Form to: **Tub Cove, Inc., 9804 Lake City Way NE, Seattle, WA 98115.** Don't forget to enclose the completed form and your payment!

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell or Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Payment Method:**  Check  Money Order

Credit Card Number  Visa  Mastercard

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Expiration Date

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Month Year

Purchase Order #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_