

Request for Verification of Measurement and/or Installation

655 W Grand Avenue, Suite 350, Elmhurst, Illinois, 60126 Tel: 630-607-0847 • Toll Free: 888-263-3651 • Fax: 331-225-2549

Dealer Information			
Name			
Address			
Contact			
Phone Number	Email		
Customer Information			
Name			
Address			
City	State	Zipcode	
Phone Number	Email		
Customer Interested in		Measurements	
Model #		Top	
Product Name		Middle	
Product Type Shower Door ☐ Tub Door ☐ Shower with Return ☐		Bottom	
Wall and tiles jobs are complete Yes \square No \square		Available wall height	
Does the door need to be measured? Yes \square No \square		Requested unit height	
Prices quoted are for basic installation only. No modification to existing tile available. Prices do not include removal of existing door. Must be d Measurement of door is for validation and verification of Copy of original invoice must be provided.		ication.	
	For Office Use Only		
Installation Date and Time			
Cost of Installation			
Measurement Fee if Applicable (\$100)			
Total Cost			
Customer Signature	Date		
Print Name	Job Completed S	Job Completed Signature and Date	

Send the completed form to Fleurco by:

Email: tfurnace@fleurco.com • Fax: 331-225-2549