

Tile Insert ORDER FORM



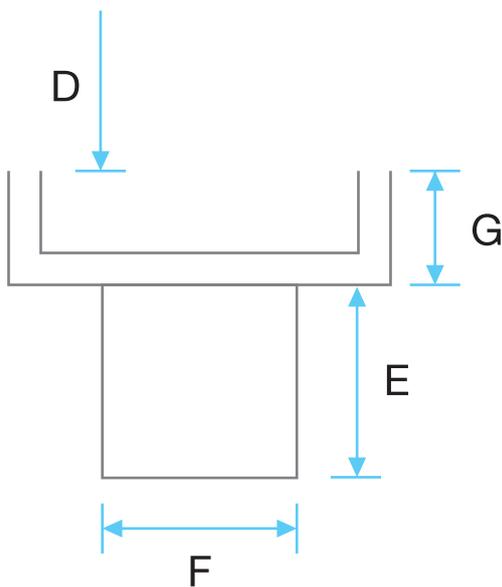
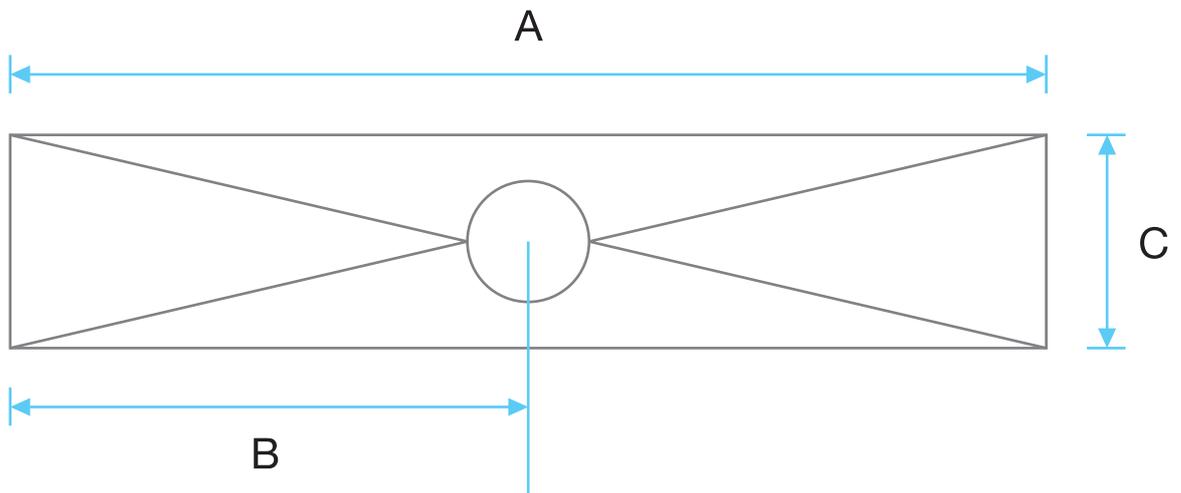
Name _____

Phone _____

Email _____

Date _____

<input type="checkbox"/>	Grade 316
<input type="checkbox"/>	Grade 304
<input type="checkbox"/>	Lint Basket
<input type="checkbox"/>	Grate Lifter



A	
B	
C	
D	
E	
F	
G	

Quantity _____

I agree that the information provided on this sheet is correct. (Please tick)