

Bill To:
 Company: _____
 Address: _____
 City: _____ State: _____ Zip _____
 Phone: _____ Fax: _____
 Email: _____

Customer Name/PO #: _____
Date: _____
Ship To:
 Company: _____
 Address: _____
 City: _____ State: _____ Zip _____

Bath info: _____ **Bath Price:** _____
 Model: _____
 Series: _____
 Model: _____
 Color: _____

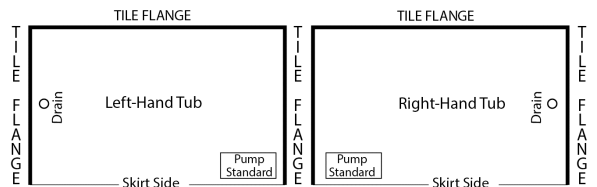
Options (list): _____ **Options Price:** _____

Total _____

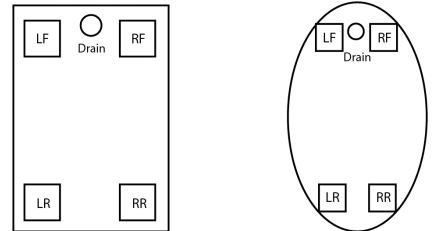
CREDIT CARD INFORMATION:

Name _____
 Address: _____
 City: _____ State: _____ Zip _____
 Card #: _____ Expires: _____
 3 digit Security Code on Back of Card: _____

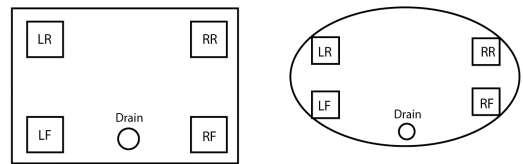
CIRCLE YOUR PUMP LOCATION(S) BELOW



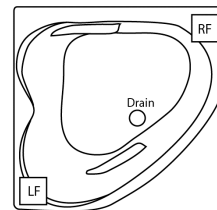
TUBS WITH SKIRTS AND TILE FLANGES



END DRAIN DROP-IN OR ALCOVE TUBS



SIDE DRAIN DROP-IN TUBS



CORNER TUBS

I am authorizing Hydro Massage to charge the amount on the credit card listed above.
 I understand that this is a special made-to-order purchase and is non-returnable. Some are subject to 50% Re-Stocking Fee.

Signature: _____ **Date:** _____

FAX ORDERS TO 303-341-1850 • EMAIL TO: orders@HydroMassageProducts.com

FOR HYDRO MASSAGE USE

Confirmation fax sent to: _____ **or Email:** _____