



Measuring Request

Date _____ Reference # or Homeowner's last name: _____
(There is no charge for measuring.)

Distributor Name _____

Location to Send Quote to _____

City _____ State _____ Zip _____

Contact Name _____ Fax # _____

Phone _____ Email _____

(Please provide your email address as this address will be the method of communication for all install quotes, confirmations, and status updates)

Homeowner Name & Location of Measure:

Name _____ Day Time Phone _____

Address _____

City _____ State _____ Zip _____

Addtl Phone # _____

Email _____

Yes, Contact Contractor for measurement (if applicable)

Contractor Name _____ Phone _____

Is job ready for measure? Yes No

If "No", estimated date for completion: _____

(All construction, tile work & sills must be completed prior to measuring appointment to avoid unnecessary trip fee.)

Wall mounted hinges, for some configurations, may require backing/support behind the tile.

Product Selection Information:

Please note: Installers are instructed not to accept changes or modifications in the field. Customers will be advised to contact their distributor.

**The RODA Selection Guide should accompany the Request for Measure form for accurate quoting.*

Bathroom 1 Basco or RODA* Model # _____ List Price: _____ Installation Price : _____

Option 1

Glass Pattern: _____ Frame Finish: _____ Unit Height: _____

 Yes No

Bathroom 2 Basco or RODA* Model # _____ List Price: _____ Installation Price : _____

Option 2

Glass Pattern: _____ Frame Finish: _____ Unit Height: _____

 Yes No

Bathroom 3 Basco or RODA* Model # _____ List Price: _____ Installation Price : _____

Option 3

Glass Pattern: _____ Frame Finish: _____ Unit Height: _____

 Yes No

Remove/Dispose of existing enclosure(s): Yes No

Basco Factory Installation

orders@basco showerdoor.com Phone: (800) 45-BASCO (800-452-2726) Fax: (800) 989-1919

Please check with your representative for current installation network coverage.