

ShowerTower – ORDER FORM

Thank you for choosing ShowerTower! Use this form to describe your order of a single, customized ShowerTower or multiple towers of the same configuration. If you wish to order multiple towers of different configurations, please copy this form as many times as necessary to accurately describe each custom tower.

Prices vary depending on the number of "stations" to be installed on each unit. A "station" is a control valve operating either a shower nozzle or a foot-wash nozzle. You may choose any combination of "stations" and may also opt for a hose bib to make deck cleaning easy.

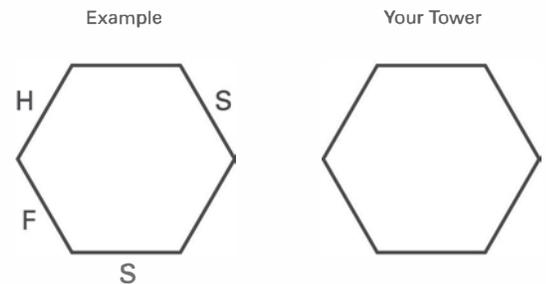
Number of Stations?

- 1-station \$1,845.00
 2-station \$2,800.00
 3-station \$3,795.00
 4-station \$4,895.00
 5-station \$5,910.00
 6-station \$6,945.00

Add Hose Bib? Yes (add \$158) No

How you would like your ShowerTower configured?

The diagrams represent a top view of the ShowerTower. On any of the six sides you may indicate your choice of station by using **S** for showerhead, **F** for foot-wash or **H** for hose bib as illustrated in the example. For an idea of how different configurations will look on a finished tower, please consult the Customization Page on our website: www.showertower.com



What color would you like?

- Gray
 Sandstone
 Granite

At what height do you want the control valves positioned?

- Centered – 50"
 ADA Compliant – 48"

| |
|---|
| <p>Price (Stations + Hose Bib + Custom Color) = _____</p> <p>Number of Towers _____ x Price = _____</p> <p><i>Sales tax (Florida only) add 7%:</i> _____</p> <p><i>Crate & Freight Charges (call for current rates)</i> _____</p> <p>TOTAL: \$ _____</p> |
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Fax your completed order form to **1-407-328-9942**

Or email: mark@showertower.com

Or mail to: ShowerTower, Inc., 970 Country Club Road,
Sanford, FL 32773 / Phone 1-800-330-9073

We appreciate your business and looking forward to serving you!

BILL TO

Company: _____
 Contact Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

SHIP TO

Company: _____
 Contact Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____