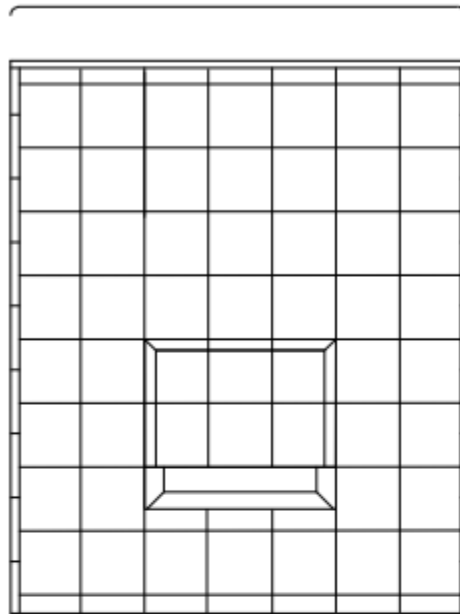
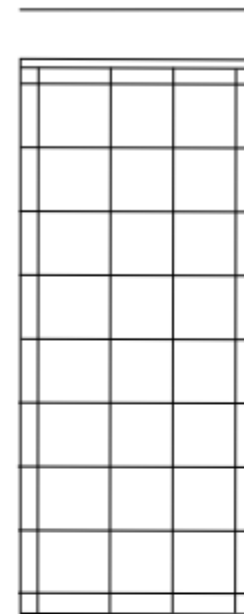


LEFT SIDE WALL



BACKWALL



RIGHT SIDE WALL

1. Mark ( X ) all tiles to be accented on this drawing.
2. Accent Color choice from Color Option Page or Custom color : \_\_\_\_\_
3. Cost: \_\_\_ # of tiles (partial or full) x \$ \_\_\_ per tile = \$ \_\_\_  
 For Custom color (any color for which you provide color chip/sample):  
 \_\_\_ # of tiles (partial or full) x \$ \_\_\_ per tile = \$ \_\_\_
4. Purchase order # for this unit
5. Fax this form along with the purchase order.

**Accent tile order form**

4LETS6030 3EWS6030

5-31-03 pvr

REALTILE™ BOISE ID.	TITLE : Accent tile order form	SCALE :
	MODEL :	SHT. OF



www.orcahealthcare.com  
1-888-761-9451