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 orders@customcastmarbleworks.com

Customer _____
 Street _____
 City/State/Zip _____
 Phone # _____

Date _____ Need By _____
 Purchase Order # _____
 Job Name _____

No cancellations or changes can be made after 48 hours.

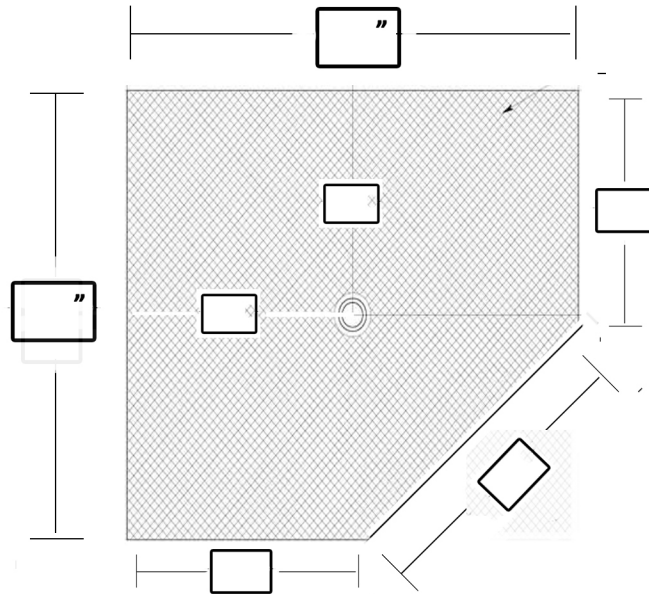
Custom Neo Angle Shower Base Order Form

* Cast stone products are man made and just as with natural stone the color and veining may tend to vary from samples

Note:
 Thresholds are separate pieces and are to be fit on the job by the installer.

Shower Base

- ☐ Standard Texture
☐ Pebblestonz



Indicate the overall size of shower base including the threshold. We will make adjustments for the threshold.

_____ " X _____ "

Thresholds

_____ " _____ " _____ "

- ☐ Standard
☐ Three Piece

Please indicate what sides are to have a threshold.

COLOR NAME & # _____

FINISH ☐ Gloss
☐ Matte

Textured areas of custom shower bases cannot be matted - only smooth areas such as thresholds.

Cost _____

F.S. _____

Contact _____
 Phone _____
 Fax _____
 Email _____

INTERNAL USE ONLY

Mix Number	Mold	Setup by	Setup checked by	Sprayed by	Finisher	QCI