



Measure Deliver & Install or Service Call Form

Date _____

Fax completed form to: **973-209-7621**

Email completed form to: **MDI@Easco-Shower.com**

Dealer* _____ **Branch*** _____

Salesperson* _____ **Phone*** _____ **Fax*** _____

Email* _____ * Denotes required field

Finish	Product Line	Glass Type		Quote Attached?	
Polished Chrome	Image - 1/4" Slider	Clear ^{1,2,3}	Obscure ¹	Yes	No
Polished Brass	Image Plus - 3/8" Slider	Rain ^{1,2}	Bronze ^{1,2,3}	EnduroShield	
Brushed Nickel	Expressions	Nature ^{1,2}	Gray ^{1,2,3}		
Polished Nickel	Elite Pivot	Satin Mist ^{1,2,3}	ShowerGuard ^{1,2,3}	Yes	No
White	Estate	Low Iron ^{1,2,3}	Low Iron	Steam	
ORB	Everest	Thickness Availability 1/4" (1) 3/8" (2) 1/2" (3)	ShowerGuard ^{2,3}		
Matte Black	Simplicity			Venting	
Custom Plating	Synchronus				

Model No. _____ **Hinge Side:** Left Right

Width _____ **Height** _____ **Shower Head:** Left Right

Options: Handle/Towel Bar No. _____

Etched Glass Design No. _____

Wet Glaze
Corner
Glass
Clamps

* NJ ST-8 or NY ST-124 TAX EXEMPT FORMS MUST BE SENT WITH THIS FORM IF APPLICABLE *

MDI Information - Required for EASCO Factory Installation or Service

Homeowner* _____ **Phone*** _____

Street* _____ **City*** _____ **State*** _____

Zip* _____ **County** _____

Cell Ph. No. _____ **Email address:** _____

EASCO can send email receipts when required. (Use separate form for additional contacts)

Contractor _____ **Cell Phone** _____

Labor Paid By:* Homeowner COD Contractor COD Dealer on Account

Type of Service:* Complete MDI Measure Only Install Only

Service Call Required? Yes

Comments _____ * Denotes required field

Important Note: If EASCO is not providing MDI, finished wall measurements are required including any out-of-square conditions. A \$80 (plus tax) measure fee is due at time of measure. Installation fees are due prior to start of any work. Return trips due to dealer/homeowner error will be billed at half the original installation charge or \$95 per hour including travel.