



Urgent - EOD_____

Returning Customer_____

Separate Shipping_____

Date:_____

Company Name:_____

Contact Person:_____ Phone:_____

Contact Email:_____

Company Billing Address:_____

City:_____ State:_____ Zip Code:_____

STAIR TREAD DIMENSIONS CORRESPOND WITH DRAWING AT BOTTOM OF PAGE

A: Measure from Center of Bolt on Left to Center of Bolt on Right - _____

B: Measure from Center of Bolt on Front Right Side to Center of Bolt on Back

Right Side - _____ (typical is 6 1/4")

C: From the Top of the Tread, Measure the Width - _____ (typical is 11" or 12")

D: From the Top of the Tread, Measure the Length - _____

E: Measure the Thickness of the Tread - _____ (Typical is 2 1/4" or 3")

F: Measure from the Inside of the Metal Stringer on the Right Side to the Inside of the Metal Stringer on the Left Side - _____

Shipping Location/Job Site: _____

Shipping Location Address: _____

Quantity Needed:_____

Do you also need: Metal Angle Brackets_____

Metal Closed Risers_____

Project Purpose: REPLACEMENT

NEW CONSTRUCTION

Finish of Tread: _____

(Common is Broom Finished)

Forklift on Site: YES NO

Estimated Project Need By Date: _____

