



P.O. #: \_\_\_\_\_

LOCATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

<b>CONTACTS APPROVAL</b>	
APPROVED BY:	_____
SIGNATURE:	_____
DATE:	_____



LAKEWOOD INDUSTRIAL PARK  
1930 SWARTHMORE AVENUE  
LAKEWOOD, NJ 08701  
TEL: (732) 886.6000  
FAX: (732) 886.0911

**ELKAY**  
PROJECT: SINK DISPLAY  
(NO DRAWER UNIT)  
DRAWING #: 1624-1

**DIRECTIONS:**

Legibly fill in the following:

1. Purchase Order
2. Location
3. Address
4. Phone #
5. Wall Sink Model #
6. Faucet Model #
7. Counter Sink Model #
8. Drawer Sink Model #

Please fax completed sheets to (732) 886.0911