



P.O. #: _____

LOCATION: _____

ADDRESS: _____

PHONE #: _____

CONTACTS APPROVAL	
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
(2 DRAWER UNIT)
DRAWING #: 1624-2

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

1 45" 2 - DRAWER DISPLAY UNIT
c.1 NOT TO SCALE