



P.O. #: \_\_\_\_\_  
 LOCATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE #: \_\_\_\_\_

**CONTACTS APPROVAL**  
 APPROVED BY: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_



LAKEWOOD INDUSTRIAL PARK  
 1930 SWARTHMORE AVENUE  
 LAKEWOOD, NJ 08701  
 TEL: (732) 886.0600  
 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

1 36" NO DRAWER DISPLAY UNIT  
 C.2 NOT TO SCALE