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EXCLUSIVE AUSTRALIAN DISTRIBUTORS OF R-Cast™ AQUARIUM GRADE STRUCTURAL ACRYLIC

ESTIMATE REQUEST FORM - Information

Contact Person: _____

Site Address: _____
Street Address (Optional)

_____ *Suburb (Required)* _____ *State* _____ *Post Code*

Phone Number: _____ Mobile Number: _____

Email or Fax: _____

Acrylic Panel - Required Information

In order to provide an acrylic panel estimate, could you please supply the following information:

Circle one

Circle one

Panel Type FLAT / CURVED **Installation Required** YES / NO

If you have requested a curved panel, please attach a brief sketch showing all relevant dimensions

Acrylic Dimensions (Flat): Viewing Dimensions **Number of Panels:** _____

Length: _____ Height: _____

If you have more than one requested size acrylic panel, please attach a brief sketch with dimensions.

Acrylic Panel Application:

Select one

Overflow / Weir Other _____
please specify

Fully Submerged Window → water height above top of panel _____

Free Edge (Pool Wall Section) → water level sits _____ mm below top of acrylic panel

Do you have a Pool Builder? YES / NO _____

Site Access / Comments: _____

