

Name of Distributor: _____ Date: _____

Phone Number: _____ Fax Number: _____

Contact: _____ Email: _____

Dealer/Builder Name: _____ Contact: _____

Phone Number: _____ Project Name: _____

Email completed form to Customrail@saftron.com or fax to 941-751-2802

MUST BE COMPLETED TO QUOTE: Residential Use Commercial Use
 Cross-Brace will be added

CUSTOM LADDER DESIGN

All dimensions should be indicated in inches and REQUIRE the following information using CENTERLINE dimensions:

_____ **A** = Height from Deck to Top of Ladder *Include amount needed for embedment

_____ **B** = Horizontal Span

_____ **C** = Length from Deck to Bottom of Ladder

_____ **D** = Distance from Deck to First Tread

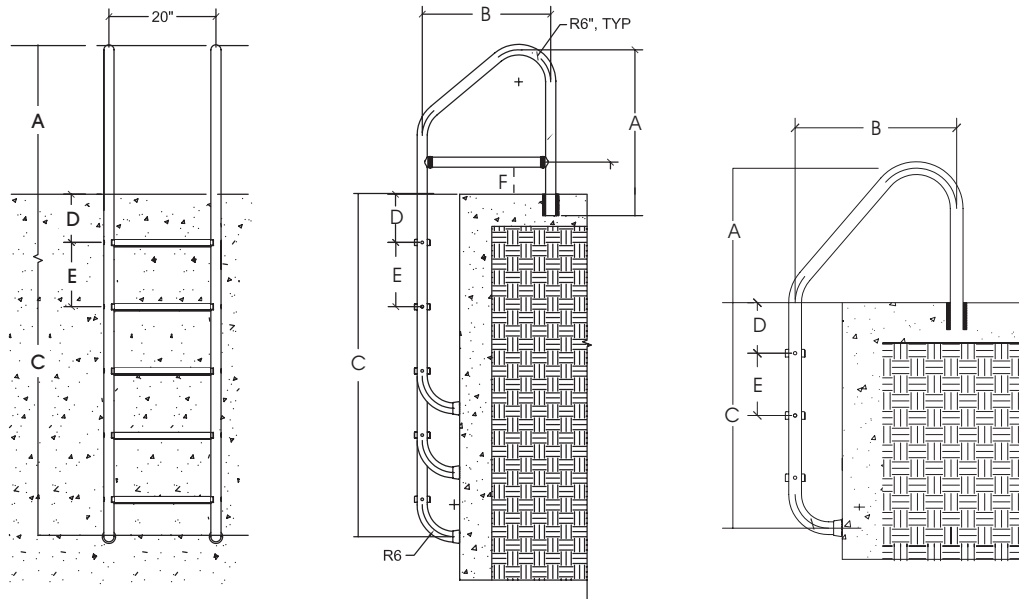
_____ **E** = Distance between Treads

_____ **F** = Height From Deck to Bottom of Brace. (Standard 5" Deck to Bottom)

_____ Number of Treads

COLOR: White Gray Beige Taupe Black Graphite Gray

NOTES: Anchor Sockets Not Included



This form will be required to be signed and sent with P.O. All measurements on drawing provided will be considered final and approved for production. Custom pool rails and ladders are not returnable.

Please check box if you request a shop drawing for an additional fee of \$25.00.

Signature _____ Company _____ Date _____