

| | | | |
|---------------------------------------|--|-------------------|---------------|
| Retailer Details | | Date: | Order Number: |
| Retailer: | Store Contact Person: | Telephone Number: | |
| Address: _____ Town /Suburb: _____ | | Fax Number: | |
| Post Code: | Retailer signature for agreement*: <small>*Retailer must sign completed form.</small> | | |
| Customer Name: | Customer signature for agreement*: <small>*Customer must sign completed form.</small> | | |

Step 1: Bath Model

| | | |
|-----------------------------------|--|--|
| Name of bath: BETTE SELECT | Size: 1700 X 750MM <input type="checkbox"/> 1800 x 800MM <input type="checkbox"/> | Product Code: SB3412WOB SB3413WOB |
|-----------------------------------|--|--|

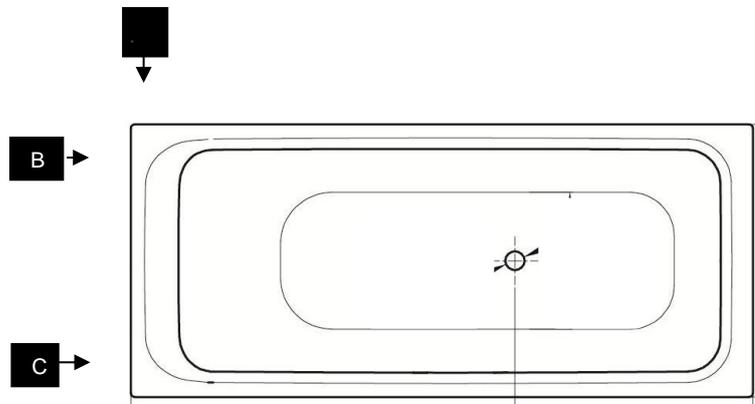
| | | | |
|--------------------------|---|---|---|
| Standard Features | 6 Jet Spa <input checked="" type="checkbox"/> | Concealed suction <input checked="" type="checkbox"/> | Titanium Based Steel Shell (with 30year Warranty) <input checked="" type="checkbox"/> |
|--------------------------|---|---|---|

Optional

| |
|---|
| Electronic Hot Pump Code 6111B <input type="checkbox"/> |
|---|

Pump Access Positions

| | | |
|---------|-----------------------------------|-----------------------------------|
| Point A | Detached <input type="checkbox"/> | Attached <input type="checkbox"/> |
| Point B | Detached <input type="checkbox"/> | Attached <input type="checkbox"/> |
| Point C | Detached <input type="checkbox"/> | Attached <input type="checkbox"/> |
| Point D | Detached <input type="checkbox"/> | Attached <input type="checkbox"/> |



D Pump supplied detached in any of the above positions, includes 300mm of pressure pipe to attach the pump. Pump must be installed at the correct height to ensure it is self draining and primes correctly.

The pump can be supplied pre-fitted under the sloping end of the spa in access positions A, B, C or D; with this option, it is the installer's responsibility to provide the pump support platform at the correct height.
ACCESS PANEL SYSTEM NOT INCLUDED

Step 6: Other Details/Instructions

Internal Use Only

| | | | |
|----------------|---------------|----------------|-------------|
| Invoice Number | Date Entered: | Date Required: | Entered by: |
|----------------|---------------|----------------|-------------|

All fields must be completed. All fields must be completed. The completed form signed by both Retailer and Customer and returned via fax to Argent Australia.