



CUSTOM AQUARIUM ORDER FORM

CLIENT INFORMATION:

ORDER DATE: _____

Store Name: _____ Contact Name: _____
Billing Address: _____ City: _____ Prov/State: _____ P.C./ZIP: _____
PH: () _____ Fax: () _____ Alternate Ph: () _____ email: _____
Shipping Address: (if different than above) _____

TANK SPECIFICS: Job Identifier Name or Number: _____ (IE: Name or Identifying Number)

Tank Size: _____ " L x _____ " W x _____ " H _____ US Gal (Note: Trim adds 3/8" to length & width)
Silicone Type: ___ Clear ___ Black Glass Lids: ___ Y ___ N Size is Including Trim: ___ Y ___ N
Tank Use: ___ FW ___ SW Viewing Panels: _____
Ultra Clear Starphire (SP) Glass Option: ___ Front ___ Back ___ Left End ___ Right End ___
Bracing: ___ Euro ___ Middle ___ Staggered ___ None Brace Glass Type: ___ Regular ___ SP
Overflow Customization: ___ # of Black Acrylic Overflows Overflow Style: ___ Corner ___ Back Panel
___ Cup Internal ___ Cup External ___ Center End ___ Other(describe _____)
Drain Bulkhead Size: ___ 1" ___ 1.5" ___ 2" ___ 3" (1.5" - 2" recommended for most tanks)
Return Bulkhead Size: ___ 1/2" ___ 3/4" ___ 1" (1" recommended for most tanks)
Return Specifics: Return Within Overflow Chamber: ___ Drill Hole in: ___ Face ___ R End ___ L End
Independent Return: ___ Describe Independ. Return Positions: _____
Closed Loop Option: # of Holes ___ Position of Holes: ___ Back ___ Bottom ___ Other (describe below)
Comments on Closed Loop: _____
Plywood Mounting: ___ 1/2" Plywood ___ 3/4" Plywood ___ Plywood Concealed ___ Plywood External
Compression Foam: ___ 1/2" ___ 1" NOTE: Plywood mounted outside trim will add thickness of the plywood to tank height
Plumbing Parts: ___ Supply Bulkheads ___ Supply Durso Overflow Drain Kit ___ Supply Return Kit
___ Supply Loc Line Return Nozzle Kit Plumbing/Plywood/Foam Price: _____

Glass Lid Price: _____

STAND SPECIFICS: Stand Height _____ " H

Tank Price: _____

Stand Type: ___ Tube Steel Powder-Coated (Black) ___ Wood Cabinet Wood Type: _____
___ Wood Skirt(w/metal stand) ___ Wood Valance ___ Wood Canopy Stand Price: _____

FILTRATION SPECIFICS:

___ Sump ___ Refugium ___ Inline Dimen: _____ "L x _____ "W x _____ "H Volume: ___ US gal
Comments on Filter Specifics: _____ Filter Price: _____

Tank Diagram:

Glass Thickness: ___ Sides ___ Bottom

Additional comments: _____ Subtotal: _____
Shipping: _____
Crate Fee: _____
Gst:(if applicable) _____
TOTAL: _____

Deposit Amount: \$ _____ Balance Due:\$ _____ (Final Invoice will be adjusted if additions or modifications apply)
50% Deposit Required on Order Date, & balance of Invoice due by shipment date. Custom Order Deposits non refundable. No returns on Custom Orders
Sign & Date Below and resubmit to Concept Aquarium to authorize this order. Order Timeline 4-6 weeks from deposit date (exceptions if special glass work needed)

Client Signature Authorizing Order:

Deposit Received - DATE: _____

SIGN & FAX BACK TO: 1-780-930-4224

If you have any questions please call us toll free @ 1-877-444-6711, or locally @ 780-444-6711