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CUSTOM BEDDING MEASURE

Account #:		Account Name:	
Address:			
City/State/Zip:			
Phone:		Fax:	
Customer Name:			
Α.	MATTRESS WIDTH		_
B.	MATTRESS LENGTH		_
C.	BED DROP TO FLOOR		_
D.	MATTRESS DEPTH		_
E.	BOX SPRING LENGTH		_
F.	BOX SPRING WIDTH		_
G.	BOX SPRING DROP TO FLOOR		_
WILL FLOORING CHANGE?			
DUST RUFFLE - SPLIT CORNER?			

