

## CUSTOM BEDDING MEASURE

Account #: \_\_\_\_\_ Account Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Customer Name: \_\_\_\_\_

A. 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? \_\_\_\_\_

