

Bed Measure Form

Project Information

Customer Name: _____ Style: _____

Property Name: _____ Pattern/Color: _____

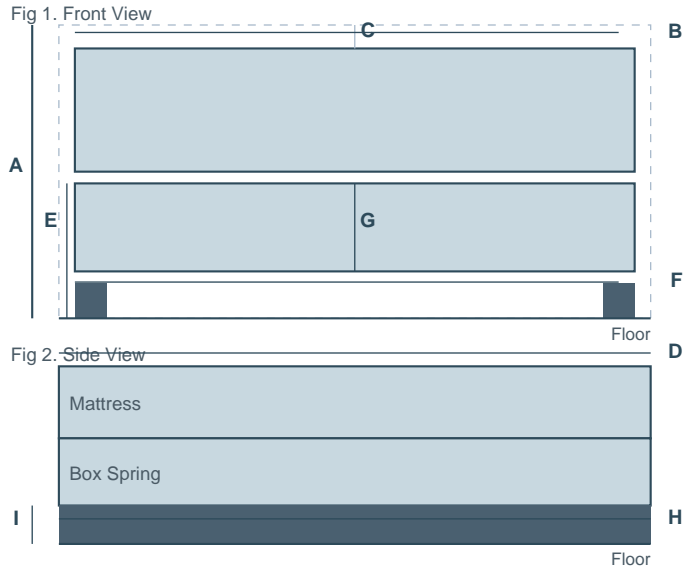
Address: _____ Quantity: _____ Finished Size: _____

Phone: _____ Email: _____ **Optional**
PO#: _____ ACK#: _____

Dimensions

Please complete a copy of this for each different size bed. If measuring for dust skirts only, mattress A, B, C and D dimensions are not necessary. Indicate measurements in inches rounded to the nearest 1/4".

Measurement Index (In Inches)	
A Top of Mattress to Floor	
B Mattress Width	
C Mattress Height	
D Mattress Length	
E Top of Box Spring to Floor	
F Box Spring Width	
G Box Spring Height	
H Box Spring Length	
I Base Height	



Prototype Waiver

Jo-Vin standard policy is to provide a prototype for all new bedding orders. Although waiving prototype is not recommended, a customer may wish to do so, in which case Jo-Vin requires a signed copy of this form prior to production. If for any reason products described on this form do not fit properly, you will be responsible for all costs associated with re-working or replacing items.

By checking this box, I signify that I am an authorized representative, and waive prototypes on the above items, in full understanding of the conditions of the waiver, and guarantee payment of all the products aforementioned.

Authorization

In order to assure product fits properly, please thoroughly complete and return this form. Finished product(s) will be sized based on the measurements provided above. If you have any questions, please call and speak with a Jo-Vin product specialist.

Signature: _____ Print Name: _____

Title: _____ Date: _____

Email completed forms to sales@jo-vin.com