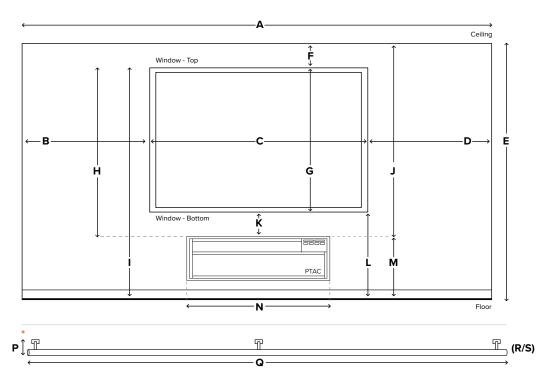
Window Measure Form

Project Information

Customer Name:			
Property Name:			
Property Address:			
Property Contact Name:			
Property Contact Phone:			
Property Contact Email:			
Room # Measured:			
Measured Window Quantity:			
Hardware Type: ONew Hardware (Rods)		○ Existing Hardware*	
Draw of Existing Treatments:	O Center	O Left Stack	O Right Stack
Build Type: O New Constru	O New Construction		
Ceiling Type: O Concrete	O Drywall	OSuspended	Other:
Wall Type: O Concrete	() Plaster	() Drywall	Other:
Wall Stud Type: O Steel	⊖ Wood	Other:	
Optional PO#/ACK#:			



Verification of Review

By signing below, I acknowledge my understanding that the above measurements will be utilized for quoting purposes only. Fabtex, Inc. will not warrant product for fit or performance if manufactured to measurements provided by others.

 Signature:
 Print Name:

 Title:
 Date:

Measurement Index (In Inches) J Ceiling to PTAC **A** Wall to Wall **B** Wall Space (L) K Bottom of Window to PTAC C Window Width **L** Bottom of Window to Floor **D** Wall Space (R) M PTAC to Floor E Ceiling to Floor N PTAC Width F Ceiling to Top of Window P Return **G** Window Length **Q** Rod Width H Top of Window to PTAC **R** # of Carriers on Rod I Top of Window to Floor S Draperies Finished Length

*Complete values **O-R** only when existing rods are used

