

# Bed Measure Form

## Project Information

Customer Name: \_\_\_\_\_  
 Property Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Style: \_\_\_\_\_  
 Pattern/Color: \_\_\_\_\_  
 Quantity: \_\_\_\_\_ Finished Size: \_\_\_\_\_  
**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)	
<b>A</b> Top of Mattress to Floor	
<b>B</b> Mattress Width	
<b>C</b> Mattress Height	
<b>D</b> Mattress Length	
<b>E</b> Top of Box Spring to Floor	
<b>F</b> Box Spring Width	
<b>G</b> Box Spring Height	
<b>H</b> Box Spring Length	
<b>I</b> Base Height	

Fig 1. Front View

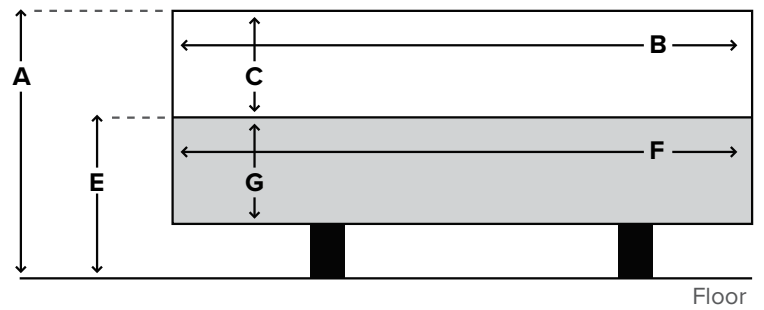
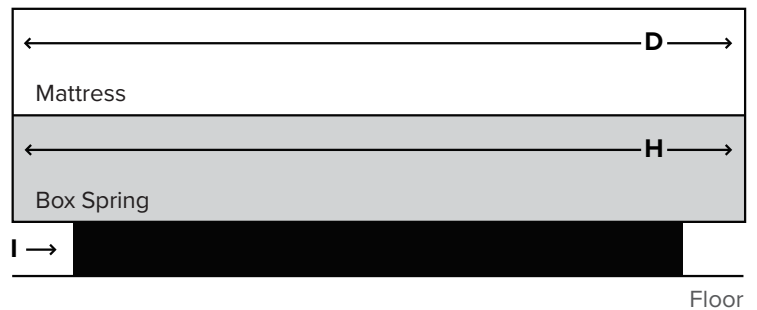


Fig 2. Side View



## Prototype Waiver

Fabtex 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 Fabtex, Inc. 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 Fabtex product specialist.

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_

Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

Email completed forms to [quotes@fabtex.com](mailto:quotes@fabtex.com)

