

Window Measure Form

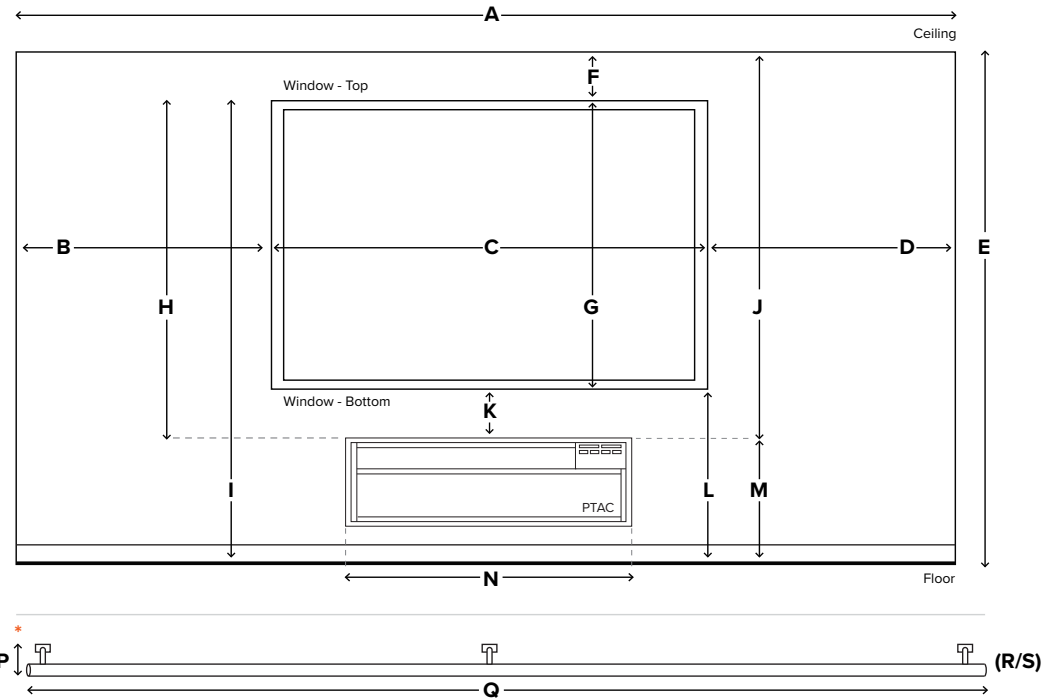
Project Information

Customer Name:
Property Name:
Property Address:
Property Contact Name:
Property Contact Phone:
Property Contact Email:
Room # Measured:
Measured Window Quantity:
Hardware Type: <input type="radio"/> New Hardware (Rods) <input type="radio"/> Existing Hardware*
Draw of Existing Treatments: <input type="radio"/> Center <input type="radio"/> Left Stack <input type="radio"/> Right Stack
Build Type: <input type="radio"/> New Construction <input type="radio"/> Renovation
Ceiling Type: <input type="radio"/> Concrete <input type="radio"/> Drywall <input type="radio"/> Suspended Other:
Wall Type: <input type="radio"/> Concrete <input type="radio"/> Plaster <input type="radio"/> Drywall Other:
Wall Stud Type: <input type="radio"/> Steel <input type="radio"/> 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)			
A Wall to Wall		J Ceiling to PTAC	
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 **P-S** only when existing rods are used

