

CUSTOMER / STORE INFORMATION PO# _____

CUSTOMER NAME: _____

PHONE: _____

CUSTOMER ADDRESS: _____

CITY _____ STATE _____ ZIP _____

STORE #: _____ STORE ASSOCIATE: _____

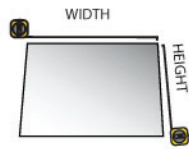


***Please call 1-877-447-9308 If your mirror exceeds maximum size of 108", or if you have any other questions.**

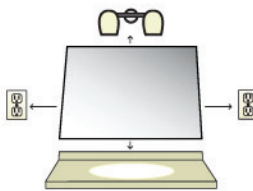
A SELECT A MIRROR WRAP™



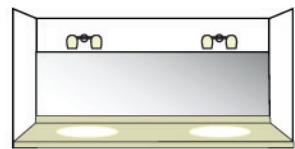
B MEASURE HEIGHT AND WIDTH OF MIRROR TO THE NEAREST 1/8"
* (Mirror Wraps Cannot Exceed 108")



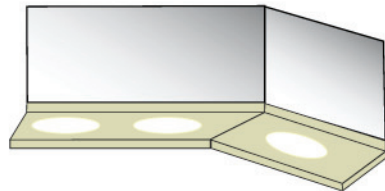
C MEASURE THE DISTANCE FROM THE EDGE OF YOUR MIRROR TO THE NEAREST WALL, CEILING, FIXTURE, OR OBJECT TO THE NEAREST 1/8"
(If sitting on backsplash enter 0" for Bottom)



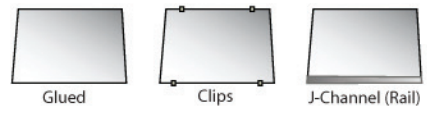
D IS YOUR MIRROR WALL TO WALL?



E IF YOU HAVE MULTIPLE MIRRORS. DO THEY MEET AT THE CORNERS?



F DETERMINE HOW YOUR MIRROR IS ATTACHED TO YOUR WALL.



G ARE THERE ANY OBSTRUCTIONS SUCH AS FAUCETS OR LIGHT FIXTURES THAT MAY INTERFERE WITH MOULDING? IF SO WHAT IS THE DISTANCE FROM THE MIRROR?



Room Name _____	Room Name _____
Item # _____	Item # _____
FrameStyle _____	FrameStyle _____
Frame# _____	Frame# _____

WIDTH W _____"	WIDTH W _____"
HEIGHT H _____"	HEIGHT H _____"

TOP _____"	TOP _____"
BOTTOM _____"	BOTTOM _____"
LEFT _____"	LEFT _____"
RIGHT _____"	RIGHT _____"

<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

<input type="checkbox"/> CLIPS	<input type="checkbox"/> CLIPS
<input type="checkbox"/> GLUED	<input type="checkbox"/> GLUED
<input type="checkbox"/> J-Channel (Rail)	<input type="checkbox"/> J-Channel (Rail)

LIGHT DISTANCE _____"	LIGHT DISTANCE _____"
FAUCET DISTANCE _____"	FAUCET DISTANCE _____"

***PLEASE FAX MEASURE FORM TO (770) 447-9368**