



HVAC – TRANSIT CONNECT MEASUREMENT SHEET

Ph: 317-271-1398

Fax: 317-271-5986

hvacfulfillment@tkographix.com

2751 Stafford Rd., Plainfield, IN 46168

1. Company _____

 Contact _____
 Phone _____ Fax _____
 Email _____
 Vehicle: Make _____ Model _____
 Year _____ Color(s) _____ Extended? Yes No

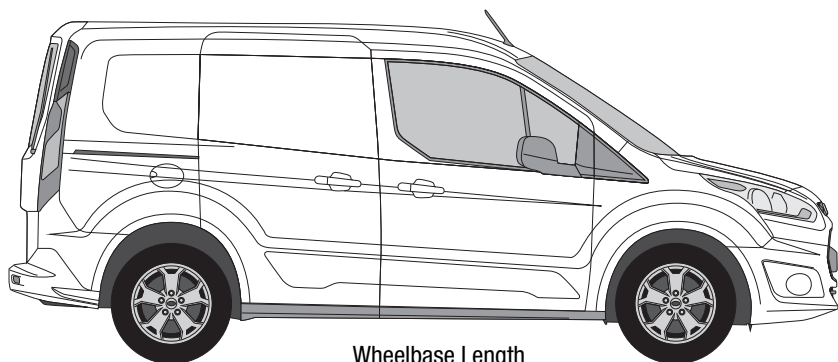
2. Fill in the form below to indicate measurements of the actual vehicle model. Be as specific with your information as possible.

3. Sign/Date and submit your completed form to fax: 317-271-5986 or email: hvacfulfillment@tkographix.com

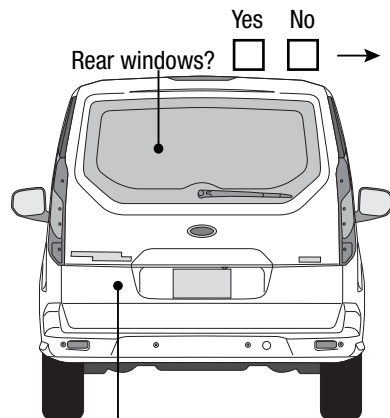
*** Include photos of driver side, passenger side, front and rear of vehicle.**

- Do you have existing graphics that need removed? Yes No
- Would you take the vehicle to a certified installer to avoid trip charges? Yes No

- Do you have an indoor facility for installation? Yes No
- Can you provide photos of the vehicle? Yes No



Wheelbase Length

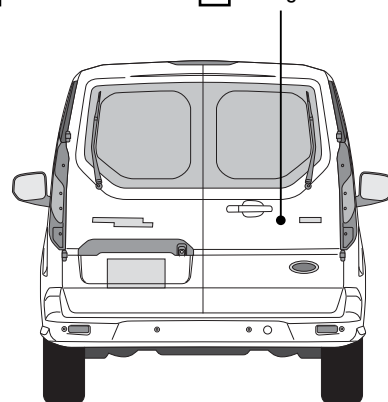


Rear windows? Yes No

If yes for rear windows, select one:

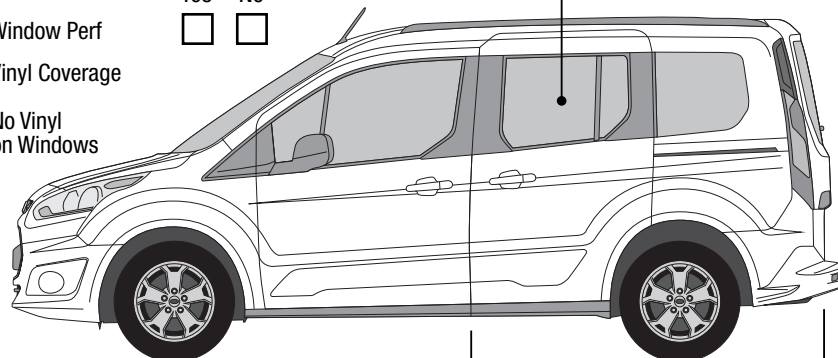
- Window Perf
- Vinyl Coverage
- No Vinyl on Windows

Rear Lift Gate -or- Swing Doors



If yes for side windows, select one: ← Side windows? Yes No

- Window Perf
- Vinyl Coverage
- No Vinyl on Windows



Cargo Length

Signature _____ Date _____

Additional Notes:
