



# HVAC – TRANSIT MEASUREMENT SHEET

Ph: 317-271-1398

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hvacfulfillment@tkographix.com

2751 Stafford Rd., Plainfield, IN 46168

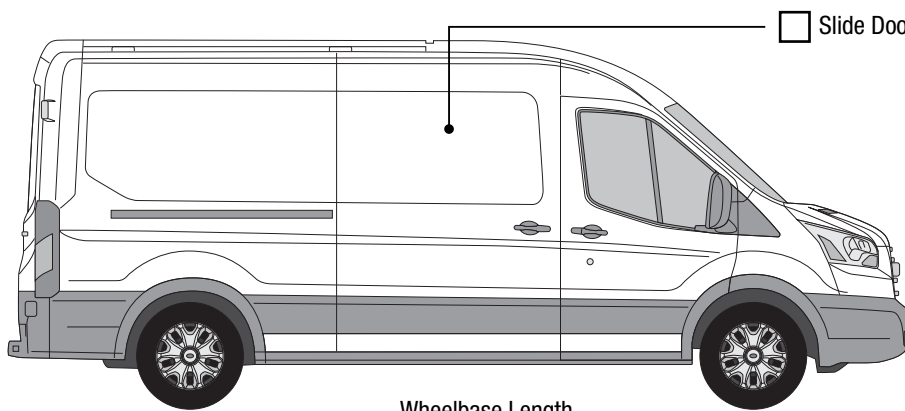
1. Company \_\_\_\_\_  
 \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_  
 Year \_\_\_\_\_ Color(s) \_\_\_\_\_ Extended? Yes  No

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 <input type="checkbox"/> No <input type="checkbox"/>	• Do you have an indoor facility for installation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Would you take the vehicle to a certified installer to avoid trip charges?	Yes <input type="checkbox"/> No <input type="checkbox"/>	• Can you provide photos of the vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>



Wheelbase Length

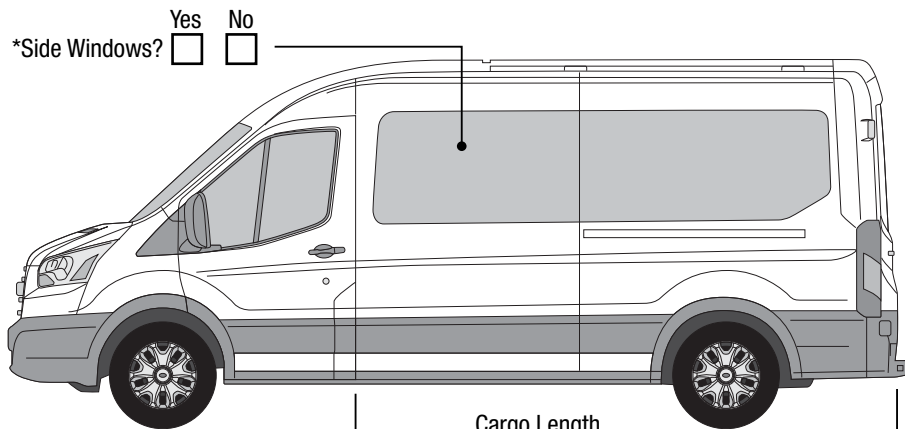
Slide Door -or-  Swing Doors

\*If yes for rear windows, select one:

Window Perf  Vinyl Coverage  No Vinyl on Windows

\*If yes for side windows, select one:

Window Perf  Vinyl Coverage  No Vinyl on Windows

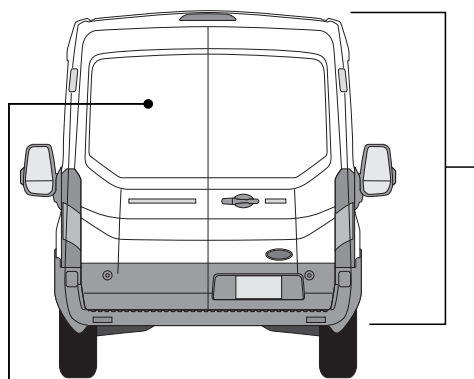


Cargo Length

\*Side Windows? Yes  No

Roof Height

Low  
 Medium  
 High



\*Rear Windows? Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_