



VAN MEASUREMENT SHEET

Ph: 317-271-1398

hvacfulfillment@tkograpix.com

Fax: 317-271-5986

2751 Stafford Rd., Plainfield, IN 46168

1. Company _____

Contact _____

Phone _____ Fax _____

Email _____

Van: Make _____ Model _____

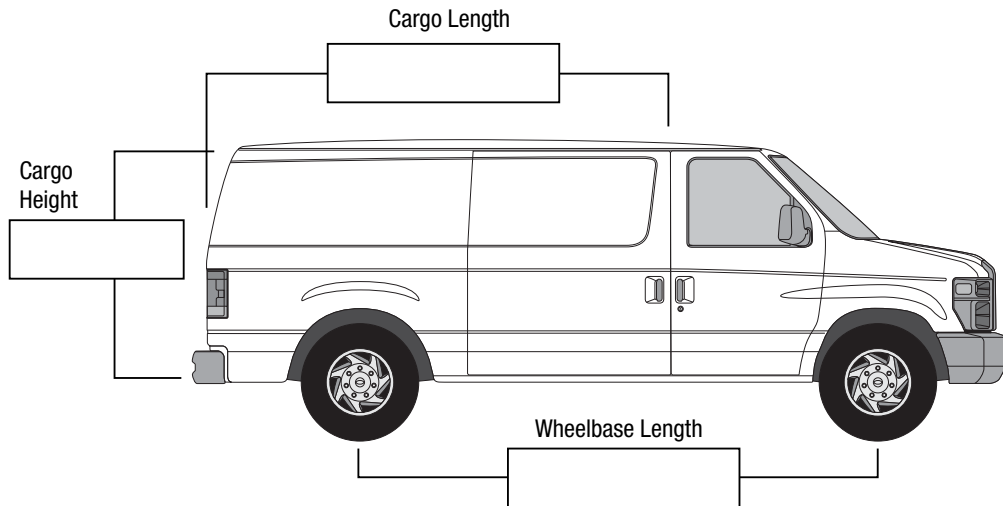
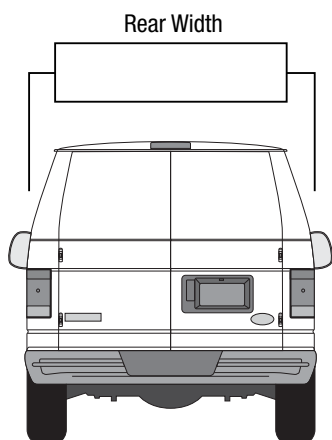
Year _____ Color(s) _____ Extended? Yes No

2. Use this form to indicate measurements of the actual vehicle model. Be as specific with your actual vehicle make and model information as possible.

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

* If possible, include photos of both vehicle sides and rear.

Do you have existing graphics that need removed? Yes No

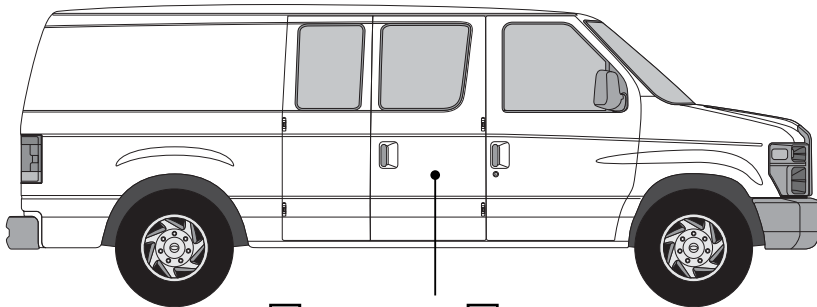
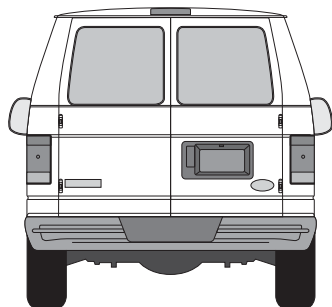


Rear Windows? Yes No

If yes for windows, select one:

Side Windows? Yes No

- Window Film
- Opaque Vinyl



Slide Door -or- Swing Doors

Signature _____ Date _____

Additional Notes:
