



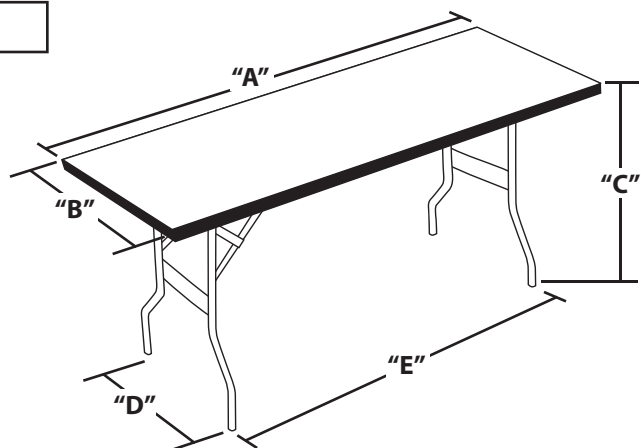
Table Cover Measure Form

CUSTOMER NAME: _____
 ADDRESS: _____
 CITY: _____ PROV/STATE: _____ POSTAL/ZIP CODE: _____
 BUSINESS PHONE: _____ CELL PHONE: _____
 EMAIL: _____



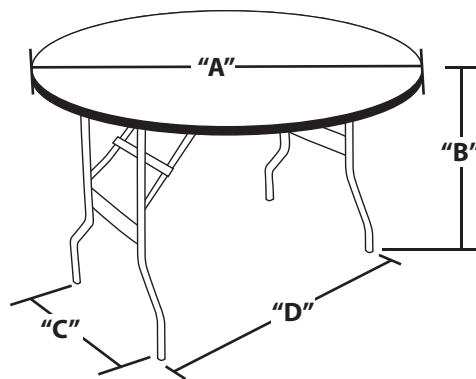
1. Place an X by each table and or leg style.
2. Fill out the corresponding measurements.
3. Fax form with your purchase order.

RECTANGULAR



"A" - Length	
"B" - Width	
"C" - Height	
"D" - Leg Span Width	
"E" - Leg Span Length	

ROUND



"A" - Diameter	
"B" - Height	
"C" - Leg Span Width	
"D" - Leg Span Length	

LEG CONFIGURATION

