



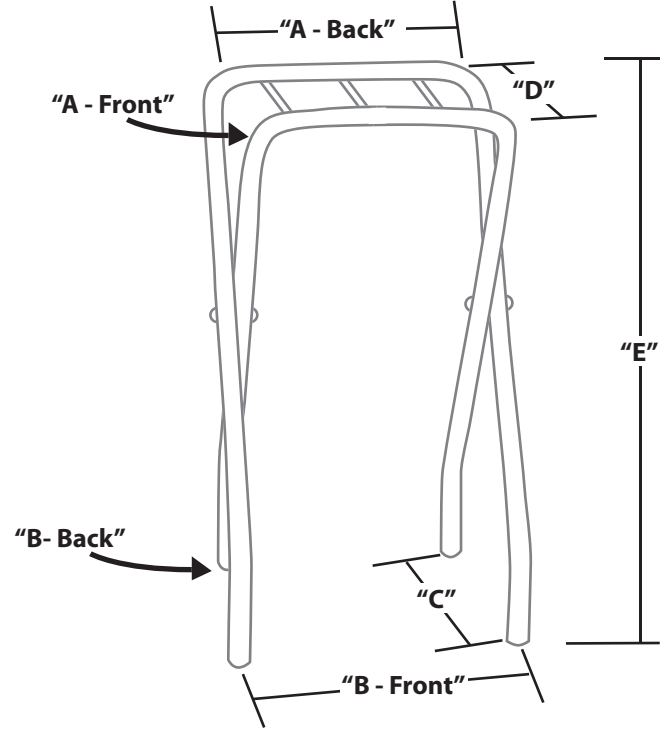
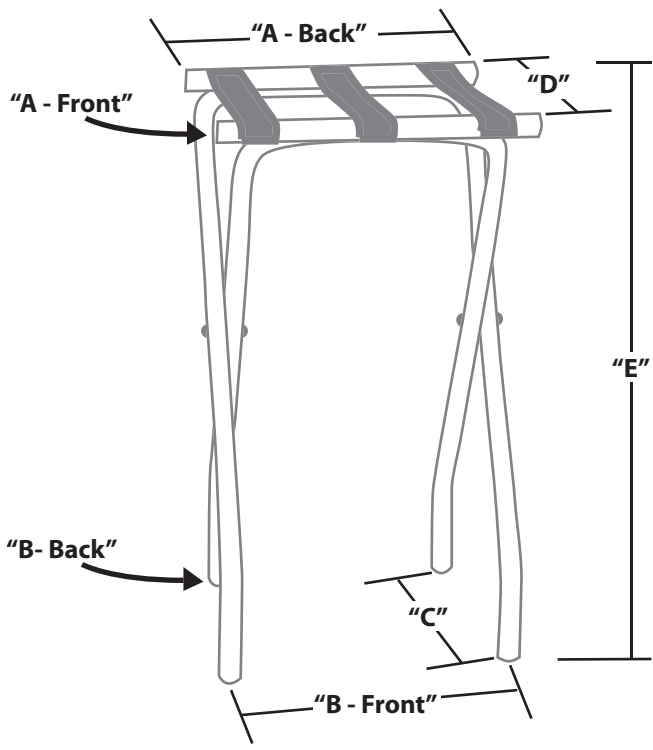
Tray Stand Cover Measure Form

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

- To Order!**
1. Choose your tray style.
 2. Fill out the corresponding measurements.
 3. Fax form with your purchase order.

Style "A" _____

Style "B" _____



"A - Back"	- Top Length	
"A - Front"	- Top Length	
"B - Front"	- Bottom Leg Span	
"B - Back"	- Bottom Leg Span	
"C"	- Bottom Leg Width	
"D"	- Top Leg Width	
"E"	- Height	