

ILLUMI 1 FILM

MEASUREMENT FORM

ORDER INFORMATION

Customer Name:				Date:		PO / Order No.:	
Film Color:		Trim:		Silicone Color:		Installation Type:	

MEASUREMENTS

(Circle the letter on the diagram where the wiring should be attached)

	WIDTH		HEIGHT	
	Original Width:		Original Height:	
	Revised Width:		Revised Height:	
	Notes:		Notes:	
	Verified By:			
	Sales Rep:		Date:	
	Customer:		Date:	

WIRE LOCATION

(Circle on the chart, the direction of the wiring should be placed)

	Example of wire direction
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FINAL APPROVAL

Comments:

Sales Rep Signature:		Date:	
Customer Signature:		Date:	

I have reviewed and agreed the above information is correct. I acknowledge the terms, conditions and warranty information for the Illumi 1 Film® I am purchasing. All custom sales are final.

pg ____ of ____