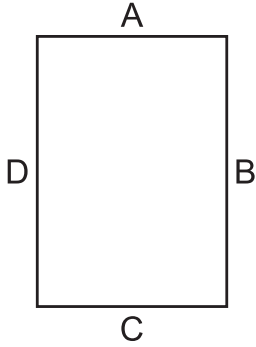
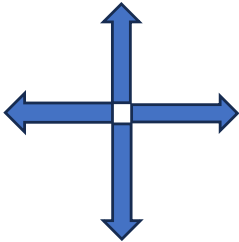


ILLUMI 1 FILM

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				
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.

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