

DATE: _____



ROOM MEASURE SHEET

MARCO DESIGNER: _____

CUSTOMER INFORMATION

CUSTOMER NAME: _____

ADDRESS: _____ APT. #: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

BUSINESS PHONE: _____ BEST TIME TO CALL: _____

EMAIL: _____

****INCLUDE SKETCH ON BACK OF FORM**

ROOM AREA	ROOM AREA					
	Measurement:	Wall A:	Wall B:	Wall C:	Wall D:	Wall E:
	Drawers Location:	Wall A:	Wall B:	Wall C:	Wall D:	Wall E:
	Doors/Glass Location:	Wall A:	Wall B:	Wall C:	Wall D:	Wall E:
	Door and / or Window Location:	Wall A:	Wall B:	Wall C:	Wall D:	Wall E:

****INCLUDE SKETCH ON BACK OF FORM**

SPECIFICATIONS	COLOR _____	_____ Tie Rack	_____ Jewelry Tray
	DOOR STYLE _____	_____ Belt Rack	_____ Pull Down Iron
	HARDWARE _____	_____ Hat Rack	_____ Baskets
	KNOBS/PULLS _____	_____ Hamper	_____ Other:

****INCLUDE SKETCH ON BACK OF FORM**

