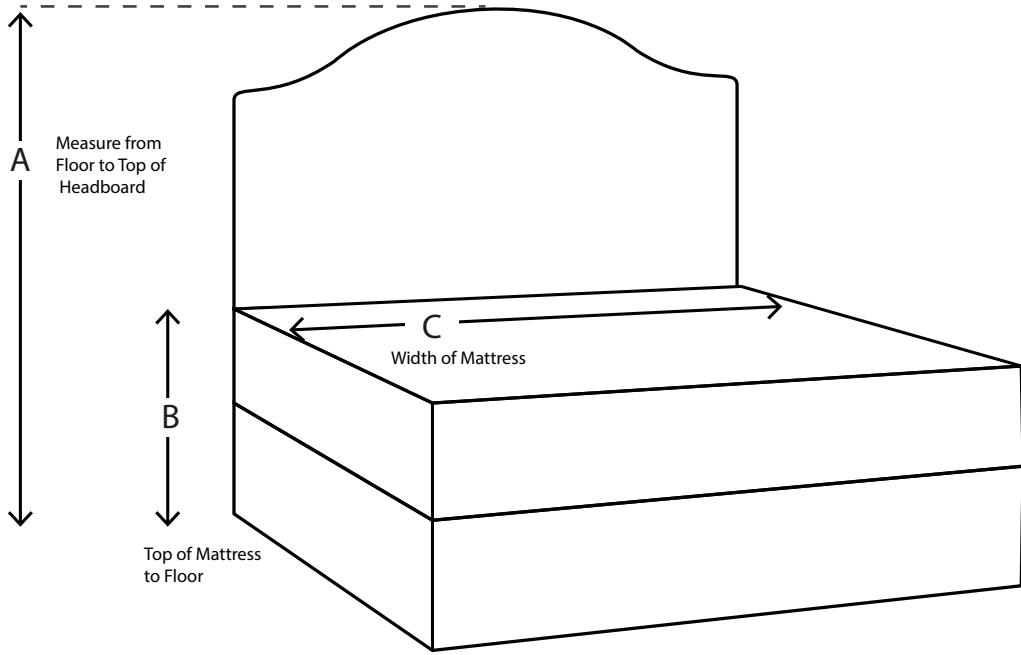

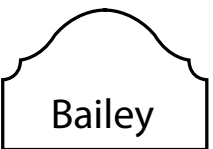


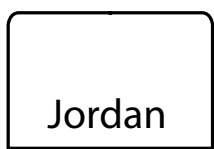



First Name _____
Last Name _____

Top of Bed



<p>Measurements **Please Provide Measurements in inches (**)</p> <p>(A) _____ Highest Point of Headboard (from floor)</p> <p>(B) _____ Top of Mattress to Floor</p> <p>(C) _____ Width of Mattress</p> <p>Border around edge? (circle one) Yes or No</p> <p>Nailheads (circle one) Yes or No</p> <p>Button Tufting (circle one) Yes or No</p> <p>Welting? (circle one) Yes or No</p>	<p>Desired Shape of Headboard (circle one):</p> <table border="0"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	