

OFFICE USE ONLY

Proposal #: _____ Project #: _____

Promised Date: _____ Manuf. PO: _____

Customer PO: _____

Shipping

Delivery

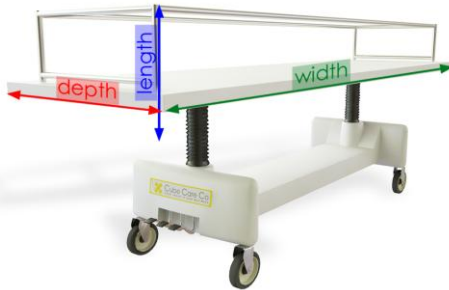
Revised 04/10/2020

CUBE CARE CART COVERS

MORGUE CART COVER FORM

STEP 1

Cart Measurements / Client Info



Cart Cover Information

Cart Cover Tag: _____

Finished Length: _____

Width: _____

Depth: _____

Quantity: _____

Measured by: _____

Contact Information

Facility: _____

Name: _____

Title or Dept.: _____

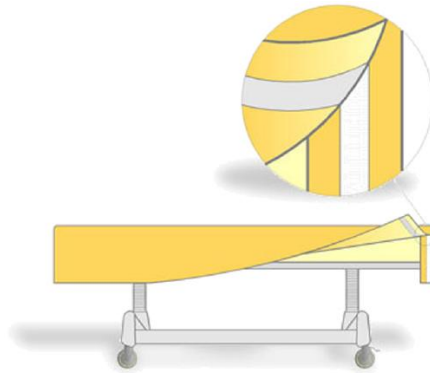
Address: _____

Phone: _____ Fax: _____

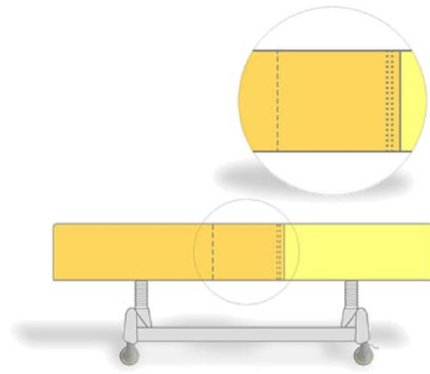
Email: _____

STEP 2

Select your Closure Options



Velcro



Overlapped (standard)

STEP 3

Select your Color

Nylon Fabric



Electric Blue Navy Blue Forest Green Yellow



Red Grey Black

Need a different fabric?

Visit our website for more choices

Tell us your choice

Textile Name: _____

Color Name: _____