

RippleFold Measurement/Order Form

1. Contact Information

Facility: _____
 Name: _____
 Title or Dept: _____
 Address: _____
 Phone: _____ Fax: _____
 Email: _____

2. Project Information

Project Name: _____
 Date: _____
 Measured by: _____

3. Construction

Fullness: 60% 80% 100% 120%
 Coverage: Inside Window to Sill
 Outside apron height
 Ceiling to Floor
 Wall to wall - ceiling to floor

6. Fabric Selection

Collection: _____
 Pattern Name: _____
 Pattern Color: _____

7. Fabric Direction

Railroaded Up the Roll

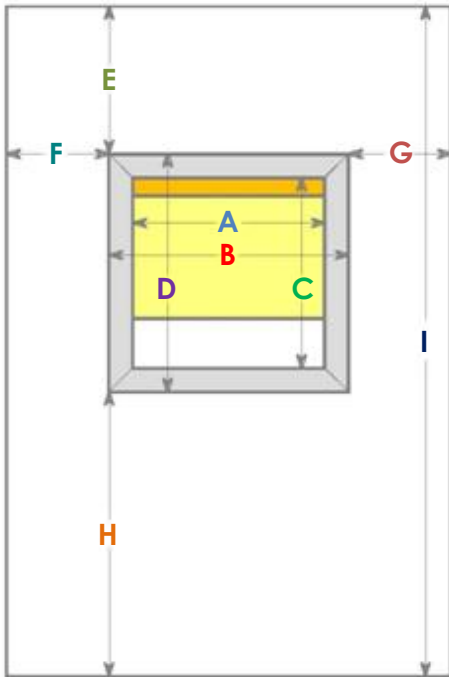
8. Lining

Yes No
 Pattern: _____
 Color: _____

9. Weights

No Weight
 Covered Corner Weights
 1/4" Rolled Hem with Beaded Chain

4.



Required Measurements

A. Inside frame(Left to Right): _____
B. Outside frame(Left to Right): _____
***C.** Inside frame(Top to Bottom): _____
***D.** Outside frame(Top to Bottom): _____
E. Top frame to ceiling: _____
F. Left frame to wall/obstruction: _____
G. Right frame to wall/obstruction: _____
H. Bottom frame to floor/obstruction: _____
I. Floor to Ceiling: _____

Comments: _____

5. Rooms which above measurement applies: _____