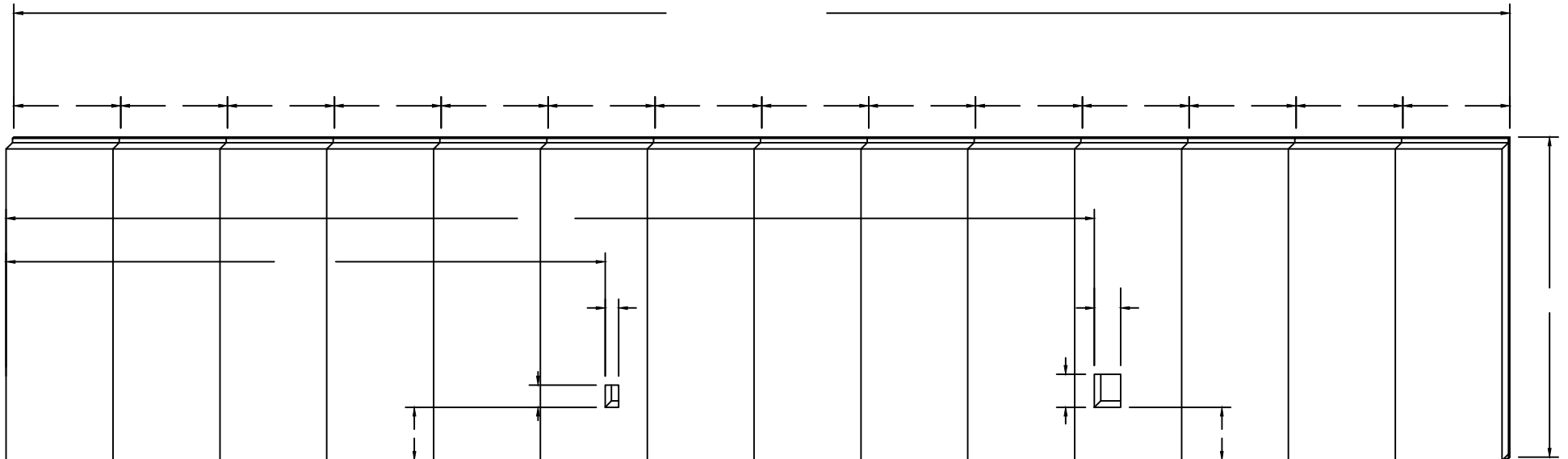




**MEASUREMENT
APPROVAL**

DATE:
DESIGNER:
QUOTE #:

CUSTOMER:
PO#:
SO#:



TYPE OF PRODUCT: WALL PAD
COLOR:
TYPE OF FABRIC: 18 oz FR VINYL
NUMBER OF PIECES:
NUMBER OF CUTOUTS:
FOAM THICKNESS:
TYPE OF BACKING:

COMMENTS:

CUSTOMER APPROVAL

SIGNATURE: _____
PRINT: _____
DATE: _____