



Measure Request Form

Ph 972-466-0125

Fax 972-466-0115

Name _____

Address _____

City, State, Zip _____

Primary # _____

Alt # _____

Alt # _____

Area(s) to be measured: (Please mark your selection with an "X")

_____ Entry	_____ Bed 2	_____ Master Bath
_____ Dining	_____ Bed 3	_____ Bath 2
_____ Living	_____ Bed 4	_____ Bath 3
_____ Family	_____ Bed 5	_____ Half Bath
_____ Kitchen	_____ Office	_____ Backsplash
_____ Master Bed.	_____ Den	_____ Countertops
_____ Master Closet	_____ Gameroom	_____ Shower / Tub Surround
_____ Stairs	_____ Hall	_____ Other: _____

What product are you interested in? (Please mark your selection with an "X")

_____ Wood (Engineered or Solid)	_____ Ceramic
_____ Laminate	_____ Stone
_____ Carpet	_____ Specialty Tile
_____ Other: _____	

How did you hear about us? _____

Where have you found the product that you are interested in?
