



MEASURE REQUEST

New Customer
Existing Customer
Referral

Name: _____

Address: _____

Post Code: _____

Email: _____

Contact No: _____

Areas: _____

If stairs: Fully Fitted Runner (if so, email runner form)

Samples borrowed: Yes No Collect @ measure:

Sample 1

Range: _____ Colour: _____

Sample 2

Range: _____ Colour: _____

Sample 3

Range: _____ Colour: _____

Sample 4

Range: _____ Colour: _____

Date: _____ Time: _____

Notes: _____

Booked: Yes No Confirmation sent: Yes No

MrC Reference: _____



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