

VAN MEASUREMENTS

Thank you for your interest in digital blue print solutions. Please fill in and fax.

1. Company Name _____

Contact _____

Phone _____ Fax _____

Email _____

Vehicle: Make _____ Model _____

Year _____ Color(s) _____

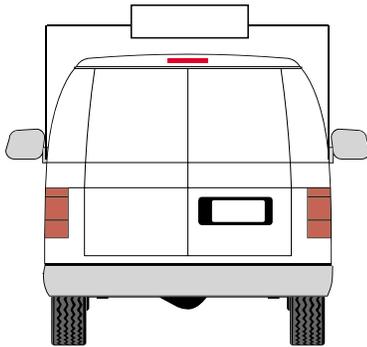
•Extended? YES NO •Side Windows? YES NO

•Back Windows? YES NO •For Windows, check one. Window Film Opaque Vinyl

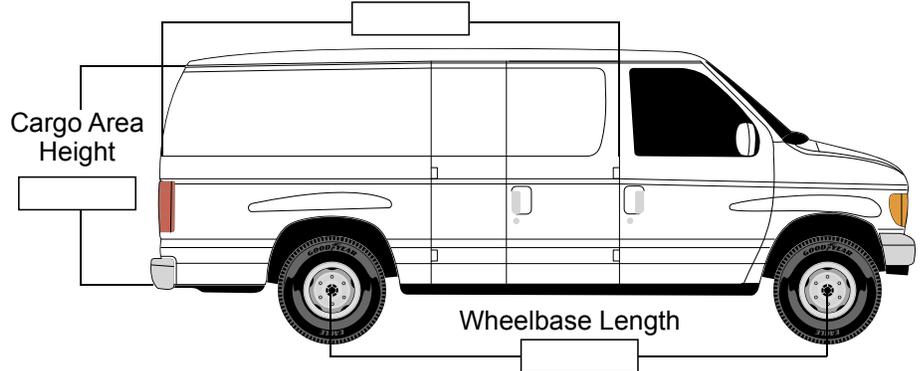
2. Please use the template below to indicate where new graphics will be placed, as well as measurements of the actual van model. This template is only for a simple reference. Please be as specific with your actual van make and model information as possible.

3. Please sign, date and fax or mail us this sheet and we will contact you for more details. Feel free to include any additional notes below.

Rear Width



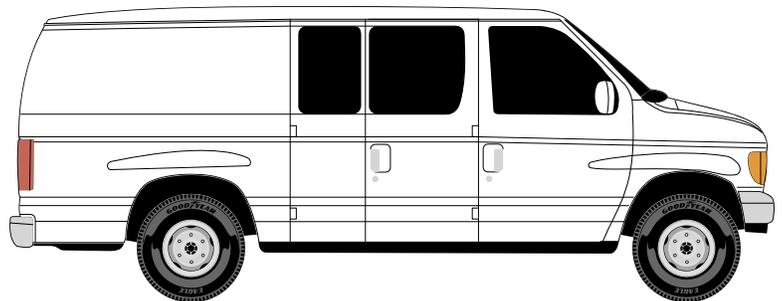
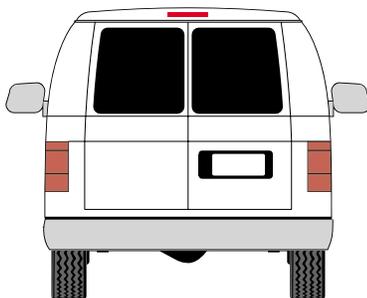
Cargo Area Length



Cargo Area Height

Wheelbase Length

Window Film Needed?



Signature _____

Date _____

Additional Notes _____

