K M K
d · e · s · i · g · n
9070 ROSECRANS AVE
BELLFLOWER, CA 90706
WWW.KMKDESIGN.US

Property Name:_____ Contact Name:_____ Phone:_____
Address:_____ City, State, Zip: _____ Fax:_____

The following information will be needed from you for Bedspreads measurements.

1. What is the ***"TOP"*** Width & Length in **INCHES** of:
   - King Mattress Width _____ Length _____
   - Queen Mattress Width _____ Length _____
   - Full Mattress Width _____ Length _____
2. What is the **HEIGHT** of the Bed Base or Bed Frame for
   King Size _____ Queen Size _____ Full Size _____
3. What is the **HEIGHT** in **INCHES** of the Mattress Only & Box Spring Only

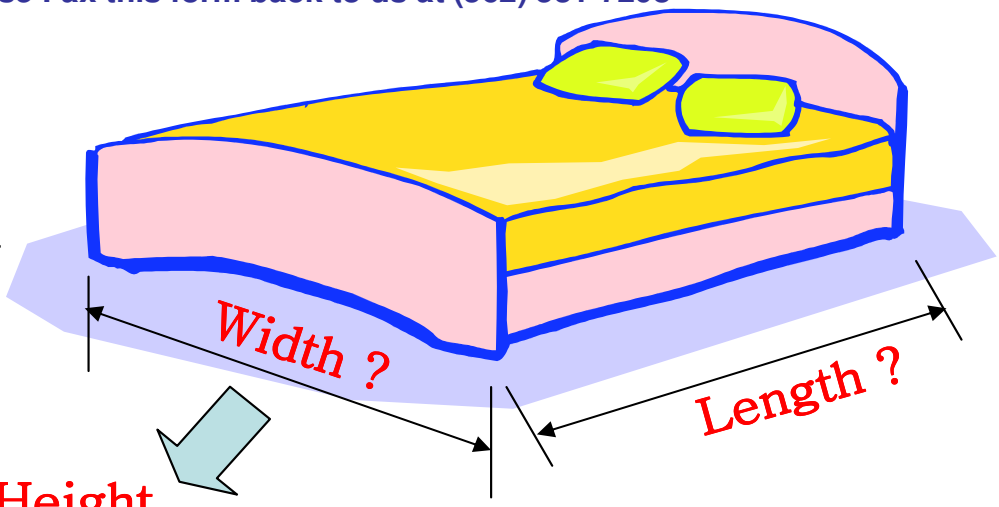
Mattress Only	**Box Spring Only**
King Size _____	King Size _____
Queen Size_____	Queen Size_____
Full Size _____	Full Size _____

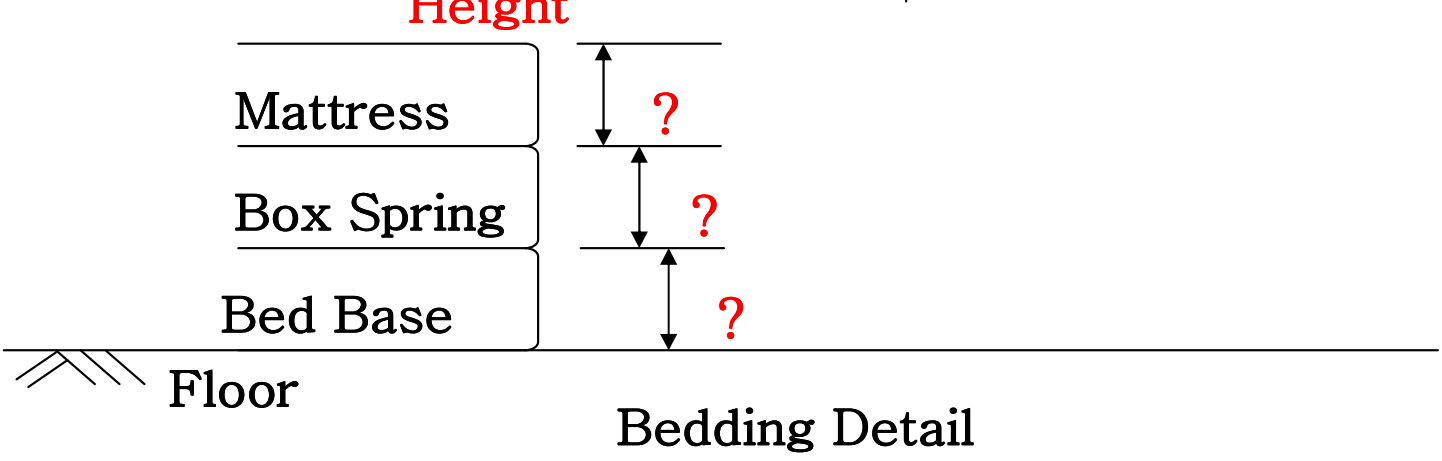
4. What is the **HEIGHT** from Top of the Mattress Set to the Floor in **INCHES** on
   King Beds _____ Queen Beds _____ Full Beds _____
5. Quilt Pattern will be **Double Onion**. If other quilt pattern is preferred, please specify _____
6. Quantity: Pattern:

King Size _____	King Size _____
Queen Size_____	Queen Size_____
Full Size _____	Full Size _____

Please Fax this form back to us at (562) 531-7208

We need to know





Bedding Detail