

**Bed Measurement Form**

**KMK Supply Company (800)562-531-2150**

Hotel Name: \_\_\_\_\_ Customer Name: \_\_\_\_\_

Hotel Address/ City/ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Measured by (name): \_\_\_\_\_ Date: \_\_\_\_\_

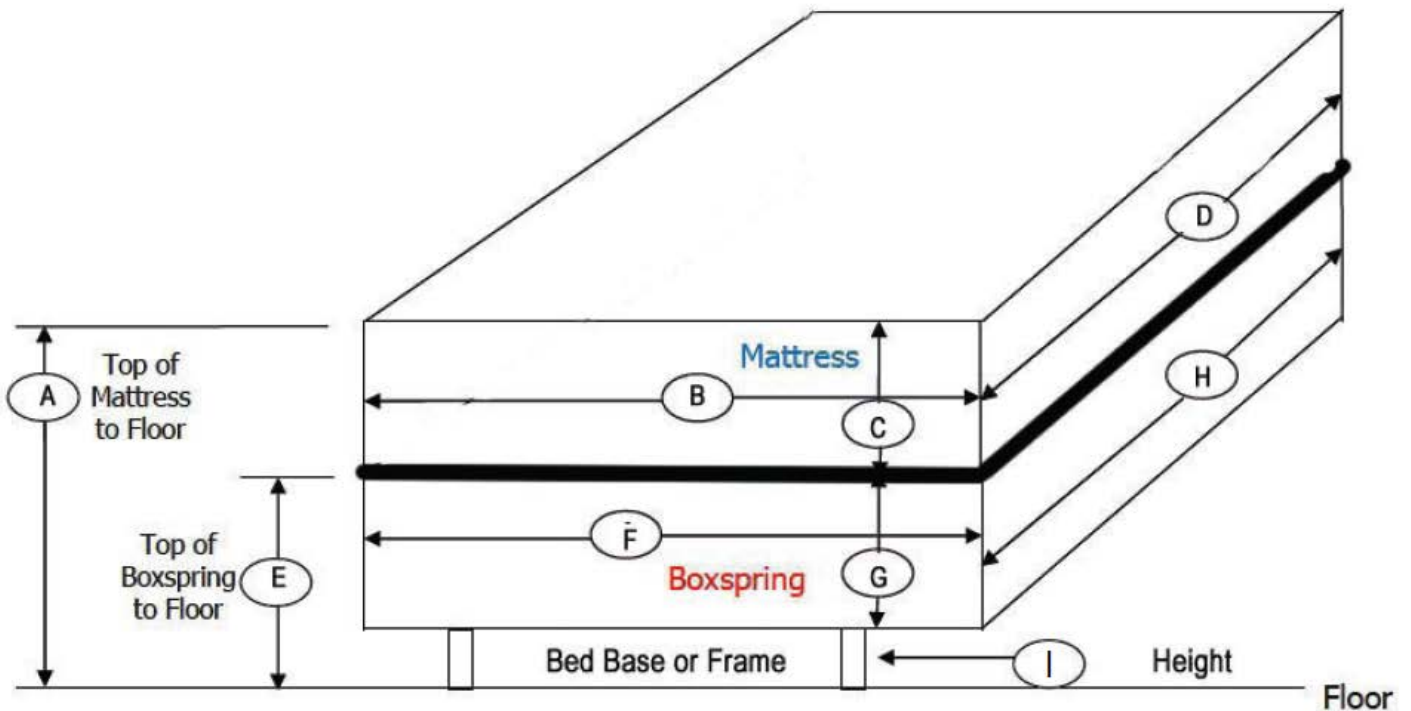
Please fill-in & complete the measurement in order to assure product fits properly, and please return this form to us.

Product will be sized based on the measures provided.

If ordering dust skirts only, mattress measurements are not necessary.

**\*Please put quantity of each size and indicate Measurements in Inches**

	CA King	Est. King	Queen	Full	Full XL
<b>Quantity of each size</b>					
A					
B					
C					
D					
E					
F					
G					
H					
I					



**Please indicate if bed set is supported by a**

Bed Base 
 Bed frame 

Please complete & send back to us at [sales@kmksupply.com](mailto:sales@kmksupply.com) or fax: 562-531-0512