



Bed Measurement Form

Date:

Client Information:-

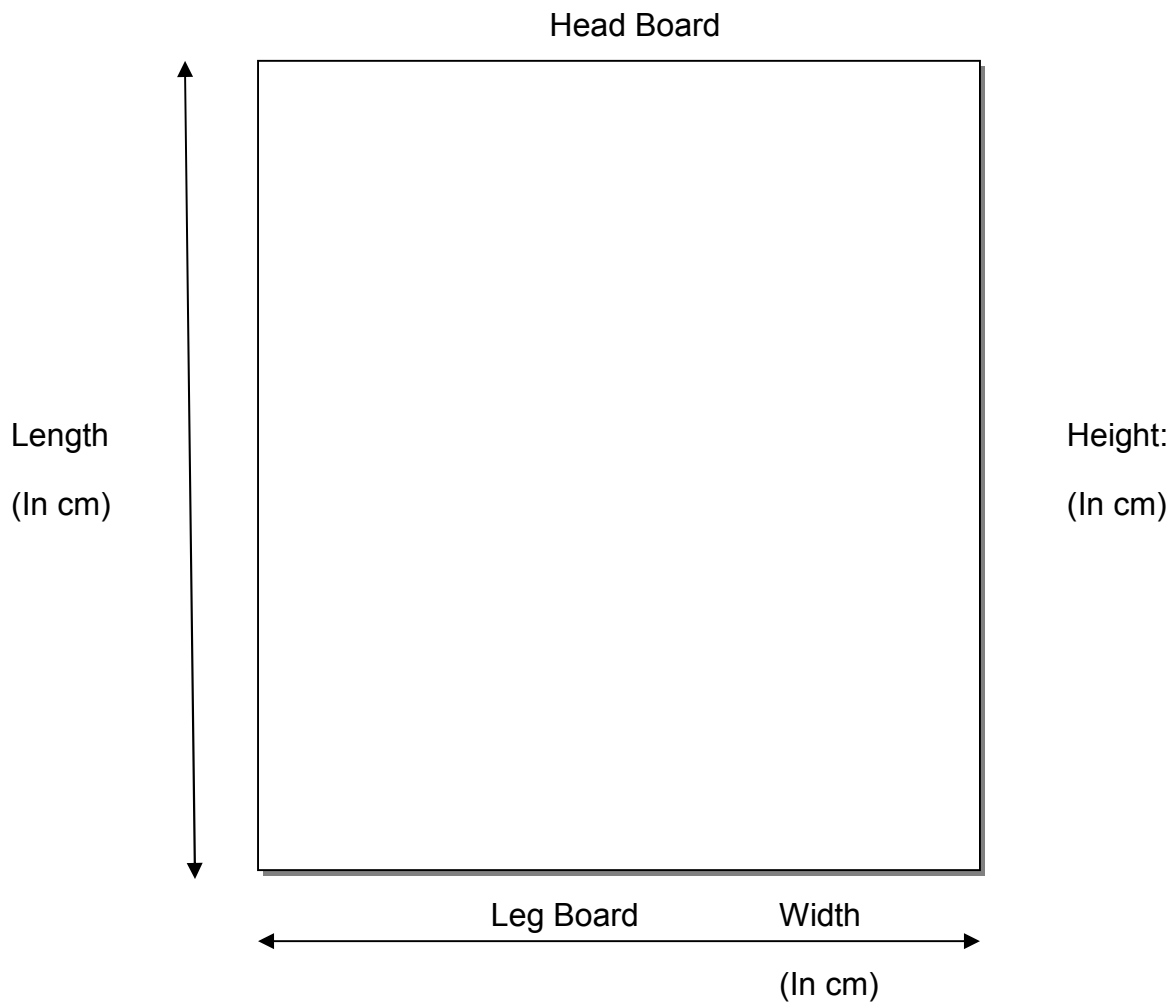
Name:

Address:

Contact No.

Room Details:

Product Details:



Remarks (If any):

Surveyor sign:

Customer Sign: