

Measuring Guide Infill



Date:

Company:

First Name:

Last Name:

Phone:

Email:

If you are inquiring on behalf of a client or third party who will be paying for and receiving the order, please complete the following information with the client/third party details.

Billing Information

Bill to Company/Full Name:

Address:

Suburb:

State:

Post Code:

Phone:

Email:

Delivery Information

Same as Billing Information

Deliver to Company/Full Name:

Address:

Suburb:

State:

Post Code:

Phone:

Email:

Additional Information

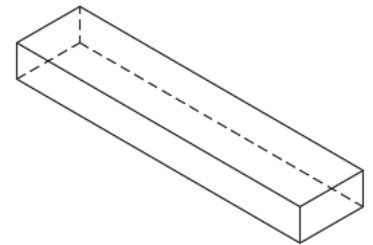
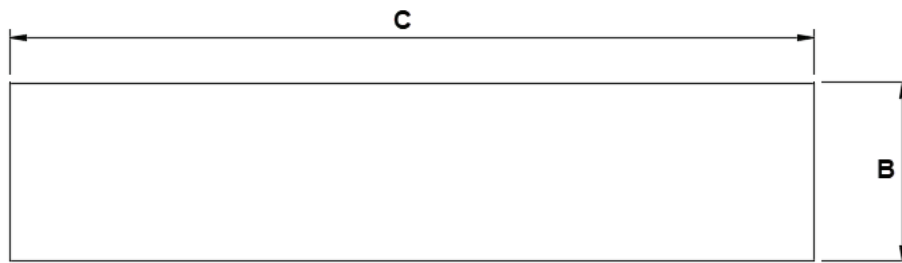
This form must be completed and submitted with page 2

Measuring Guide

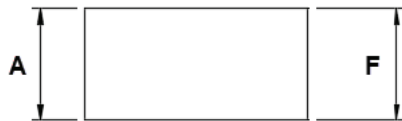
Infill



TOP VIEW



LEFT SIDE VIEW



RIGHT SIDE VIEW



Infill Height (A/AR)

A = Back Left

A/R = Back Right

Infill Height (F/FR)

F = Front Left

F/R = Front Right

Infill Length (B)

Measured back
to front

Infill Width (C)

Measured left
to right

Infill Measurements

All measurements to be in millimetres

Infill

A (Back Left) =

A/R (Back Right) =

F (Front Left) =

F/FR (Front Right) =

B (Length) =

C (Width) =

This form must be completed and submitted with page 1