

# REQUEST FOR MEASUREMENT

North Carolina State Window Treatment Term Contract # 870A



## The Dize Company

1512 S. Main Street - Winston-Salem, NC 27127

Phone: 336-722-5181 or 800-583-8243 Fax: 336-727-0563

### Purchasing Agency (Billing Information)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / County / Zip: \_\_\_\_\_

Attn: \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Contact for Measurement- \_\_\_\_\_

Phone # of Contact- \_\_\_\_\_

Fax # of Contact- \_\_\_\_\_

Number of Buildings- \_\_\_\_\_

Number of Windows to be Measured- \_\_\_\_\_

Type of Blinds Requested: \_\_\_\_\_

1" or 2" \_\_\_\_\_

Color: \_\_\_\_\_

Do You Need a Blind Color Chart? \_\_\_\_\_

Yes \_\_\_\_\_

No \_\_\_\_\_

Address of Location to be Measured \ Is this a Shipping Address? \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Other Information: \_\_\_\_\_

### FOR DIZE USE ONLY

Installer: \_\_\_\_\_

Fax: \_\_\_\_\_

Date Installed: \_\_\_\_\_

\*Request for Measurement may be subject to trip charge if Purchase Order is not issued by the requesting agency.