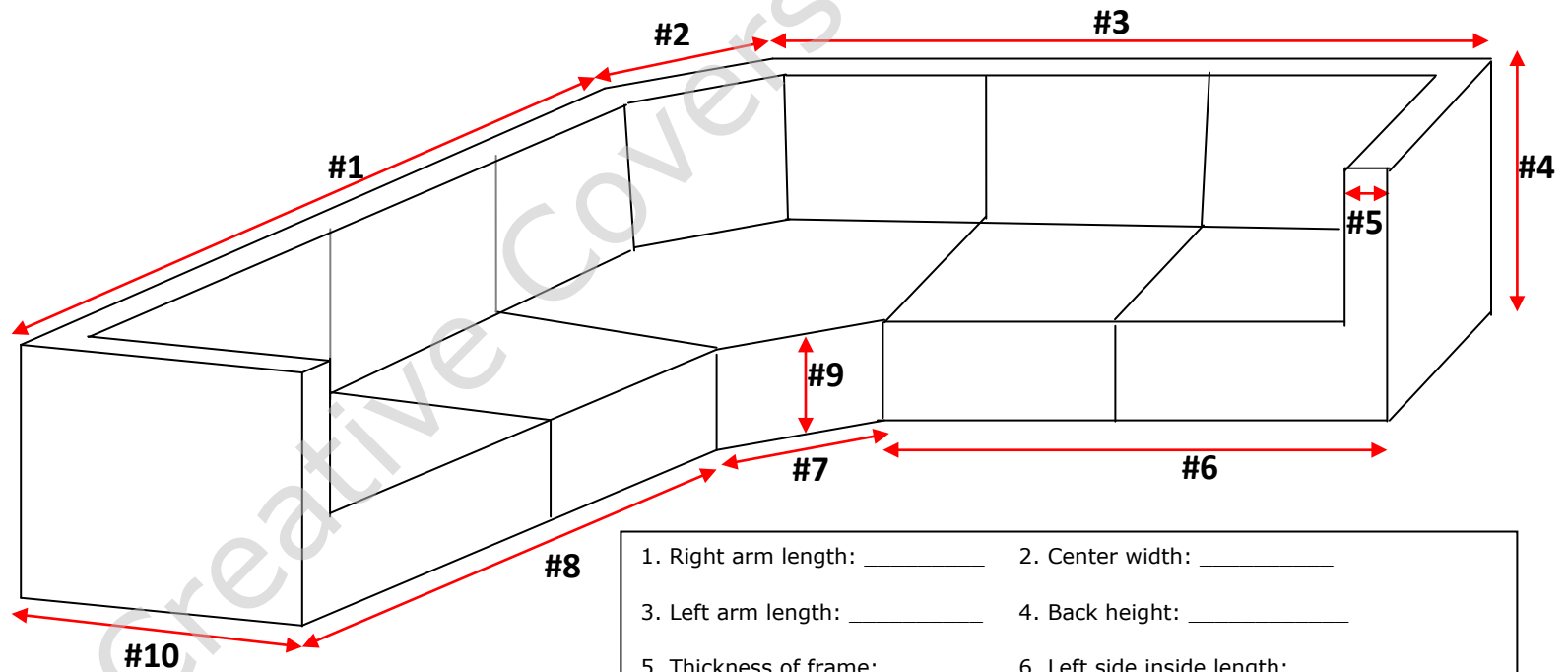




Customer name: _____

Sectional with Angle Back Corner



- | | |
|------------------------------|------------------------------------|
| 1. Right arm length: _____ | 2. Center width: _____ |
| 3. Left arm length: _____ | 4. Back height: _____ |
| 5. Thickness of frame: _____ | 6. Left side inside length: _____ |
| 7. Center width: _____ | 8. Right side inside length: _____ |
| 9. Seat height: _____ | 10. Seat depth: _____ |

***** Please submit photographs along with completed diagram. *****