



Crossover Measuring Guidelines

Vehicle Graphic Solutions

Vehicle Body Info:

Make _____ Model _____ Year _____

1. Indicate if it is a Full Wrap or Partial Wrap .

2. For Partial Wrap, indicate on the drawings where the NEW graphics are to be placed.

3. Do you want the available rear windows covered with view thru?

Yes

No

4. Are the bumpers to be wrapped? Please note, some plastic bumpers CANNOT BE wrapped.

Yes

No

5. Is the roof to be wrapped?

Yes

No

6. Are there any existing graphics that need to be removed?

Yes

No

If yes, indicate on the drawings where the graphics are located or send photo.

7. Are there any existing graphics that will remain on the vehicle?

Yes

No

If yes, indicate on the drawings where the graphics are located.

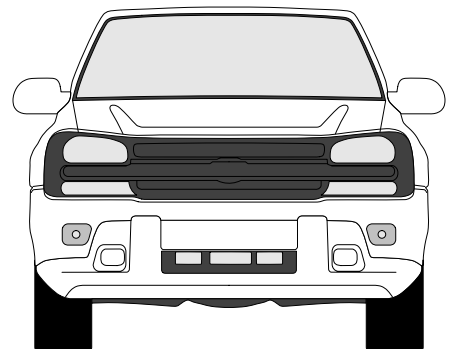
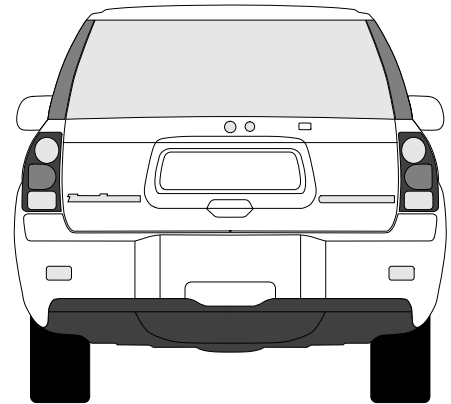
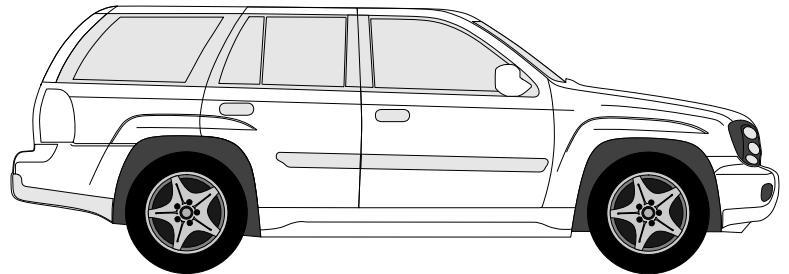
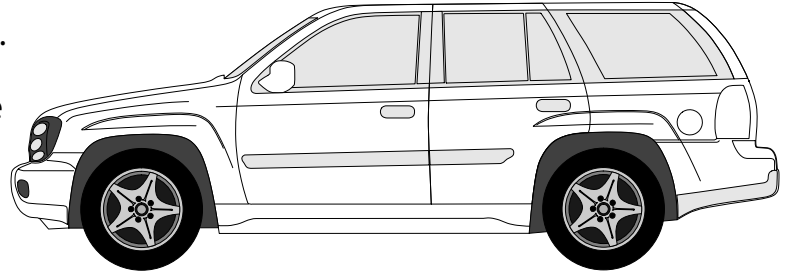
Your Company _____

Contact _____

Address/City/State/Zip _____

Phone _____ Fax _____

Email _____



Additional Notes: _____

Questions?: e-mail us at sales@truckskin.com.

Or call us at (877) 866-7546.

Fax completed form to (888) 616-7546 or mail with art.

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