

JOB MEASUREMENTS ACKNOWLEDGEMENT

Job / Quote #:

Job Name:

Date:

This form is to acknowledge the following as the source of the final measurements for said job:
(Please check all that apply)

- informal drawing or written notes
- architectural groundplan *(dimensions must be listed)*
- architectural elevations *(dimensions must be listed)*
- field-verified measurements
- other *(please specify)* _____

Additional Comments:

4walls.com will use these supplied measurements for the production of the final printed job. If the job is printed incorrectly due to these supplied measurements, then 4walls.com is not liable for any associated costs of reproduction. 4walls.com can reproduce the corrected job at an additional charge.

By signing this form, you are accepting the above agreement.

Signature

Date

Name Printed

Title

Please return this completed form to:
Fax: 216.432.1500, ATTN: Contract Support
Email: contractsupport@4walls.com