

# Stander Measurements

Special Needs Solutions (520) 838-0987 snsarizona@gmail.com

Person: \_\_\_\_\_

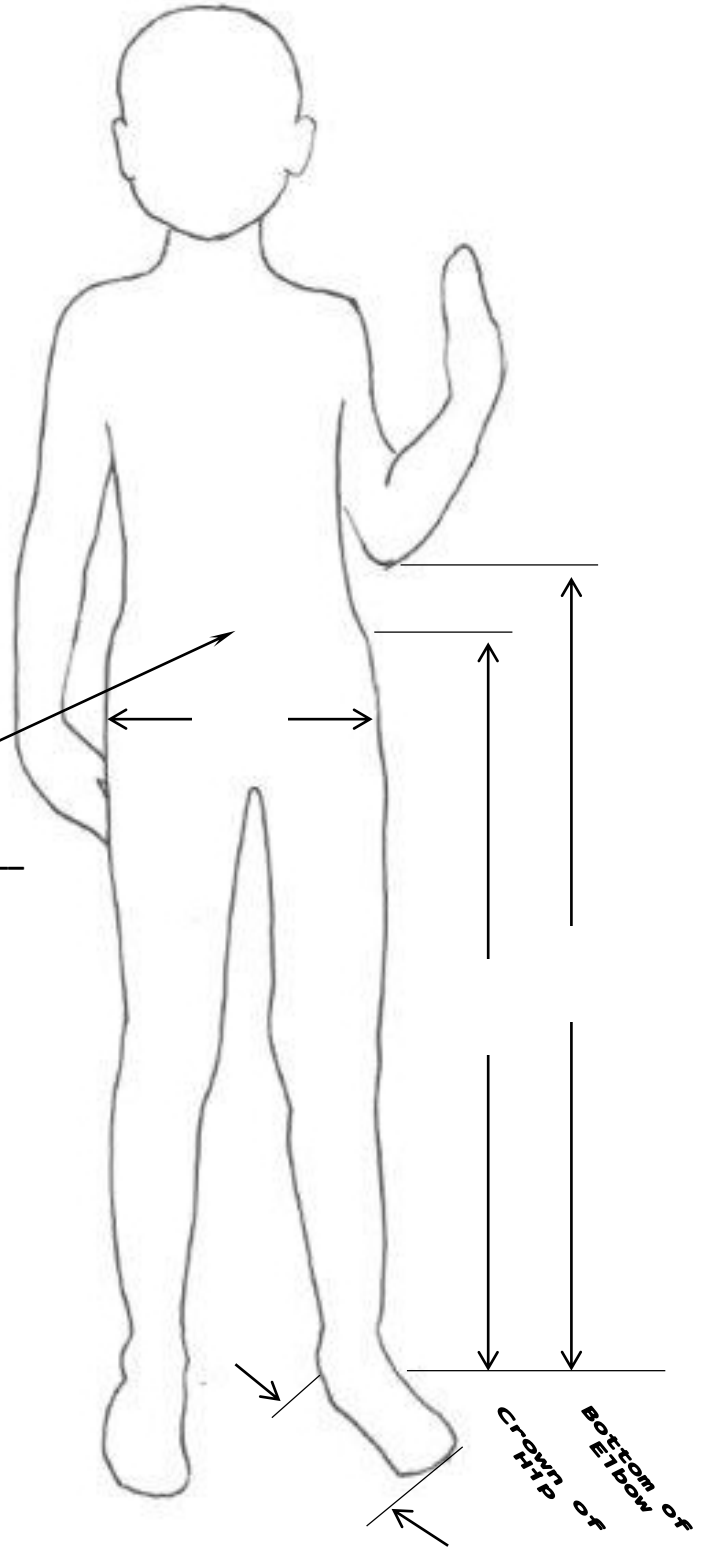
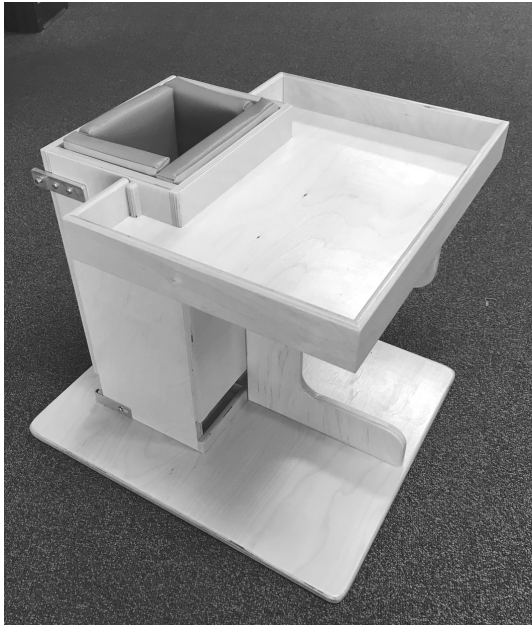
Date: \_\_\_\_\_

Referred: \_\_\_\_\_

Invoice: \_\_\_\_\_

Contact: \_\_\_\_\_

Bill To: \_\_\_\_\_



Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

Padding (1"):

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