



# Toolbox Application Measurement Guide

Please fill out this form and attach photos with email to [orders@retrax.com](mailto:orders@retrax.com)

(Questions? Call: 800-206-4070)

Please ensure that all measurements are accurate to within 1/16" as custom applications are **NON-REFUNDABLE**

Dealer/Customer Name: \_\_\_\_\_

Date of Order: \_\_\_\_\_

Truck Make, Model, Year: \_\_\_\_\_

Phone Number: \_\_\_\_\_

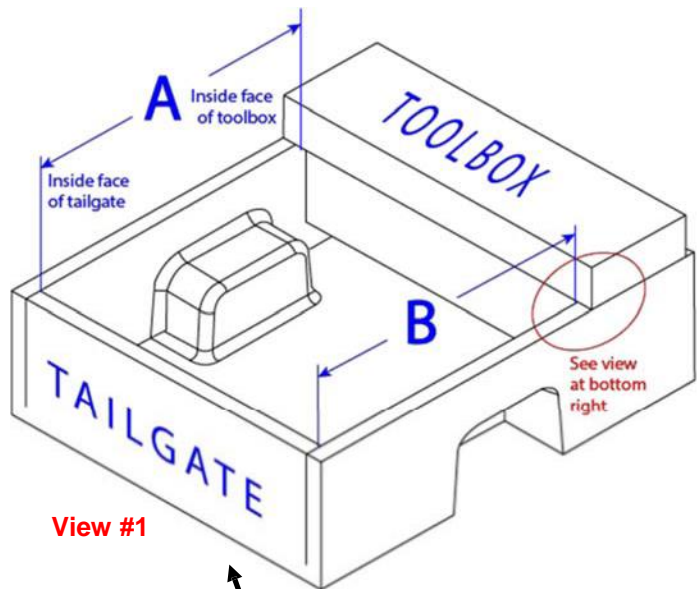
Bed Length (in feet and inches): \_\_\_\_\_

ATTN To: \_\_\_\_\_

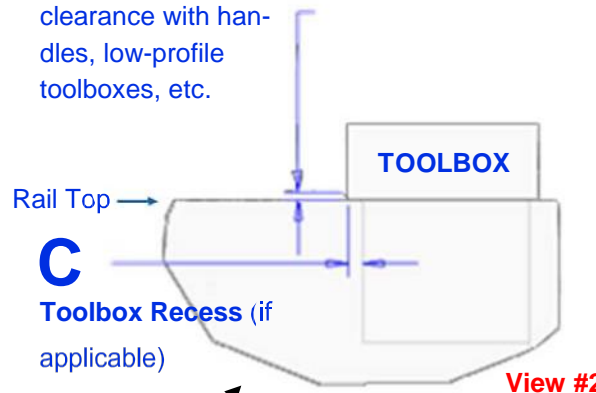
Cover Type: **\*Retrax PRO MX**

PO #: \_\_\_\_\_

*\*some limitations may apply*



13/16" minimum clearance required for Retrax (check for clearance with handles, low-profile toolboxes, etc.)



Measurements (inches)	
<b>A - driver side:</b> _____	
<b>B - passenger side:</b> _____	
<b>C - recess:</b> _____	

Please provide photos of both views of your truck



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## Additional Customer Information

1. Are there any obstructions to the bed (e.g. handles, cargo systems, etc)? Please provide photos of obstructions

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**All fields are required in order for your order to be processed**

## Retrax Office Use Only

Date Submitted to Engineering for Review

Engineering Questions or Request for more Information

Date Submitted back to Customer Service

Date of Handoff to Engineering

Date of Engineering Approval / Approved By

Order Entered By / Date

CO#

Measurement Guide / Printed CO to Engineering