



# Custom Truck 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: \_\_\_\_\_

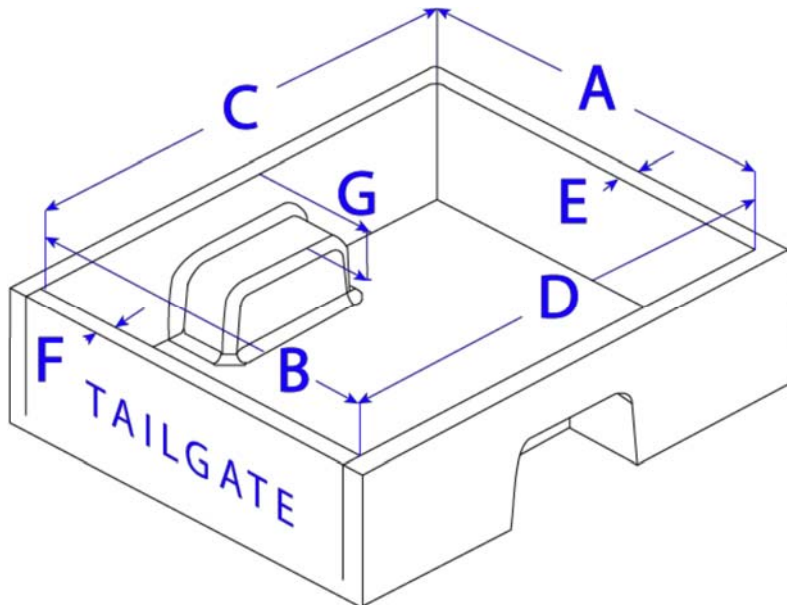
Cover Type (check one):

RetraxPRO MX

PowertraxPRO MX

(some limitations may apply)

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



Please provide photos of your truck with this view

### Measurements (inches)

A - inside width at cab: \_\_\_\_\_

B - inside width at tailgate: \_\_\_\_\_

C - driver side inside length: \_\_\_\_\_

D - passenger side inside length: \_\_\_\_\_

E - front bed rail width: \_\_\_\_\_

F - top of tailgate width: \_\_\_\_\_

G - rail top to wheel well top: \_\_\_\_\_



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## Additional Customer Information

1. How will the cover be mounted to the truck bed?

- Bolted on top of the bed
- Mounted on a u-channel
- Other—please describe: \_\_\_\_\_

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2. 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