



Toolbox Application Measurement Guide

Please fill out this form and attach photos with email to 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): _____

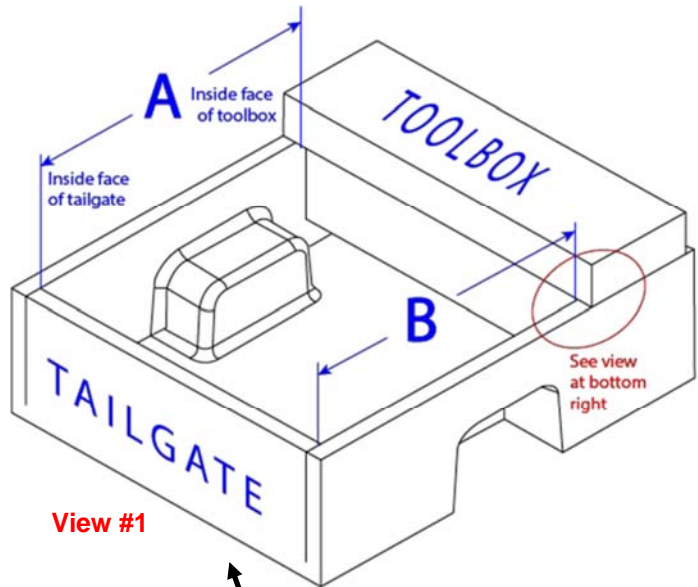
ATTN To: _____

Cover Type (check one):

- RetraxPRO MX
- PowertraxPRO MX

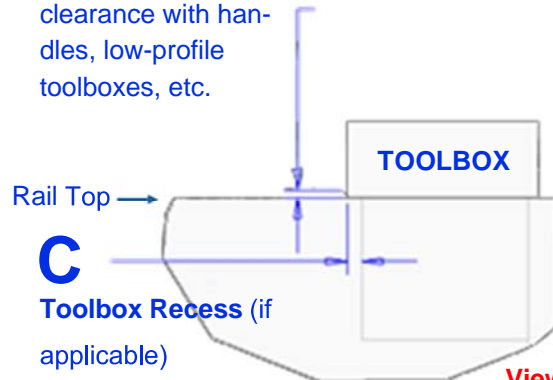
(some limitations may apply)

PO #: _____



View #1

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



View #2

Measurements (inches)

A - driver side: _____

B - passenger side: _____

C - recess: _____

Please provide photos of both views of your truck



Custom Truck Application Measurement

Additional Customer Information

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

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	