



BED PROGRAM FORM

ACCOUNT NAME: _____

CUSTOMER ORDER DATE: _____ SOLD TO: _____ SHIP TO: _____

PURCHASE ORDER NUMBER: _____

TAG FOR: _____

CHOOSE THE APPROPRIATE LETTERS OR NUMBERS TO CREATE YOUR BED

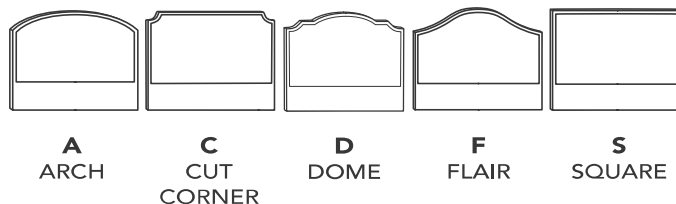
YOUR CUSTOM BED NUMBER

1 **2** — **3** **4** **5** **6** **7**

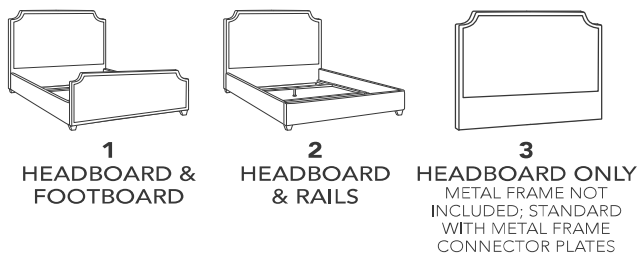
□ □ — □ □ □ □ □ □ □

STYLE TYPE SIZE HEIGHT PANEL BORDER LEG

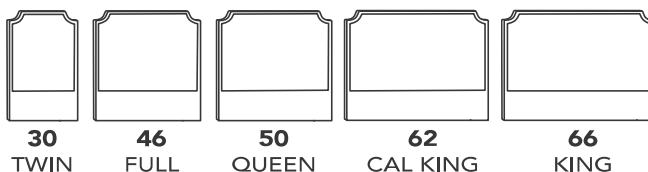
1 CHOOSE STYLE:



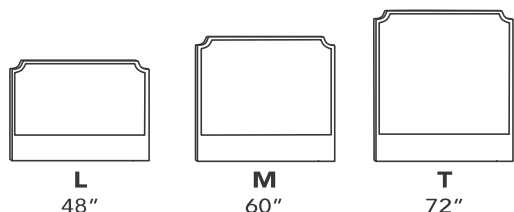
2 CHOOSE TYPE:



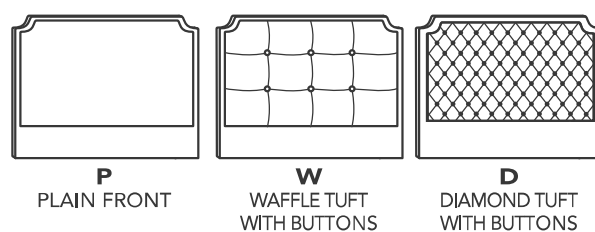
3 CHOOSE SIZE:



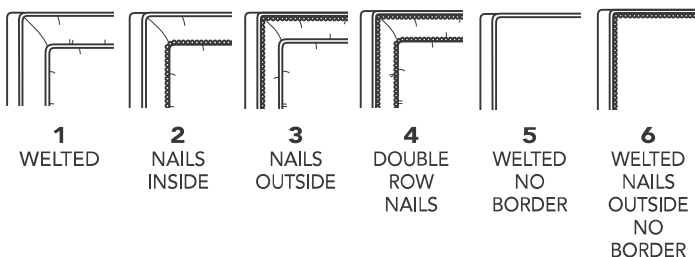
4 CHOOSE HEIGHT:



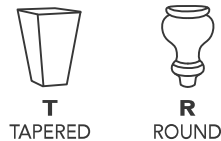
5 CHOOSE PANEL:



6 CHOOSE BORDER:



7 CHOOSE LEG:



*SMALL NAIL HEAD APPLIED HEAD-TO-HEAD

OPTIONS 5 & 6 ARE ONLY AVAILABLE ON PLAIN FRONT BEDS

SEE NEXT PAGE TO COMPLETE ORDER