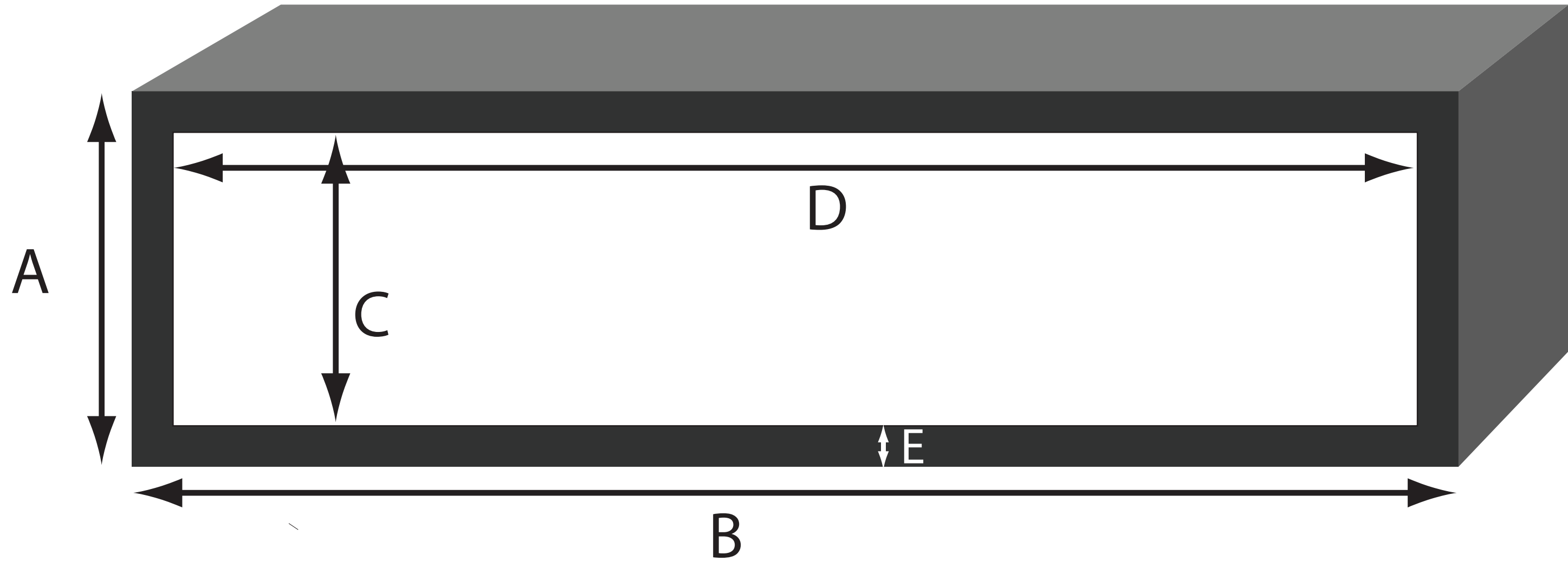




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Light Box Face Measurement Sheet



Box Measurements

A _____ (Box Height)
B _____ (Box Length)
C _____ (Viewable Height)

D _____ (Viewable Length)
E _____ (Metal Border Height)
 (Please Select Your Light Box Face Thickness)

3mm **4.5mm** **6mm** Please circle

Customer Name _____

Contact No. _____

FAX BACK TO - 02 8208 9980