



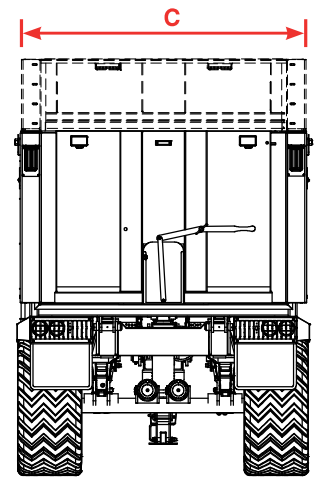
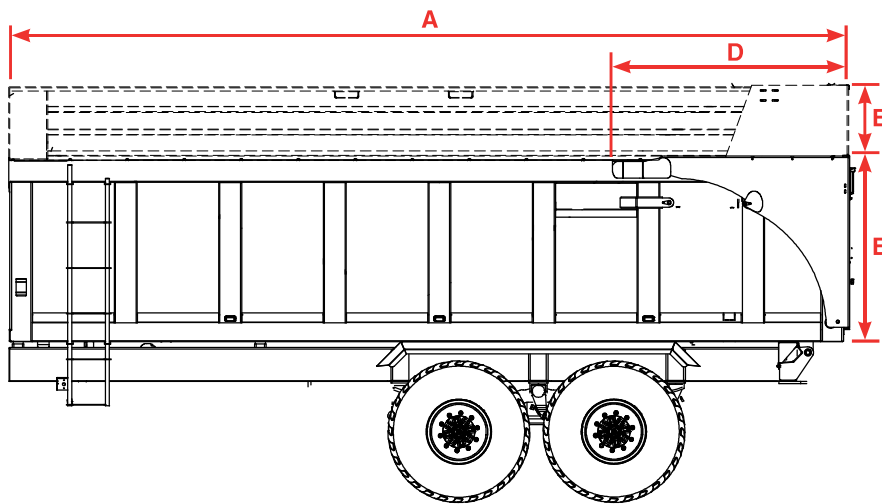
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THOMPSONS

Agri-Flip Measurement Form

Bill to: (Company)	Account#:	Ship to: (Company)
Address:		Address:
City:	Post Code:	City: Post Code:
P.O#:	Email:	Phone:



- A) Body length mm
- B) Body height mm
- C) Body width - Internal mm External mm
- D) Tailgate length - For arm bend - Measure from where body gets wider mm
- E) Silage side? Yes ☐ No ☐ Height (if applicable) mm

Mounting Position - Tick appropriate

☐	☐	☐	☐