

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE# \_\_\_\_\_

SHAPE \_\_\_\_\_

LENGTH \_\_\_\_\_

NOSE \_\_\_\_\_

WIDTH \_\_\_\_\_

TAIL \_\_\_\_\_

THICKNESS \_\_\_\_\_

SURFERS WEIGHT \_\_\_\_\_

HEIGHT \_\_\_\_\_

**GLASS JOB**

TOP \_\_\_\_\_

BOTTOM \_\_\_\_\_

FINS \_\_\_\_\_

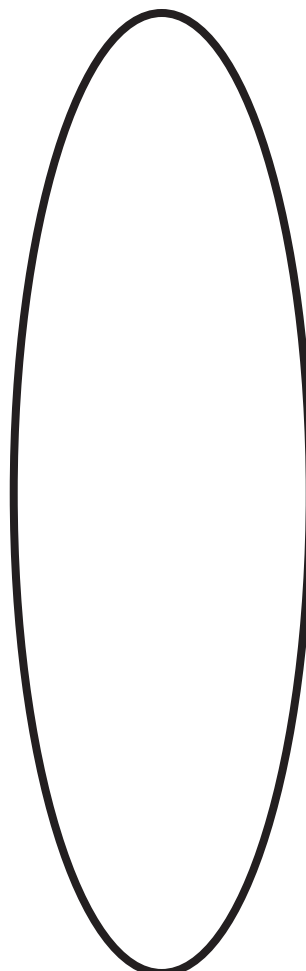
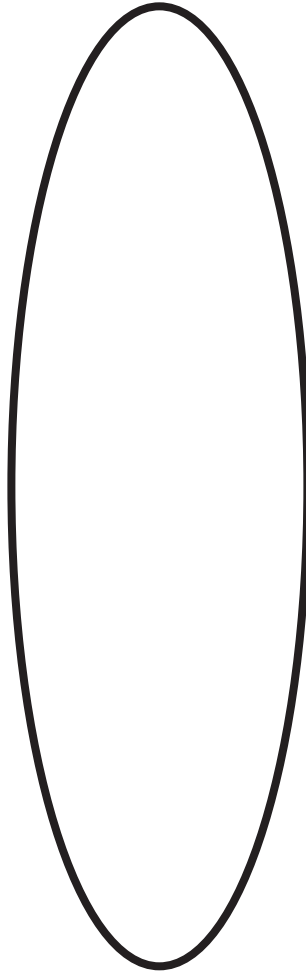
FINISH TYPE \_\_\_\_\_



(949) 515-9455

TOP

BOTTOM



BOARD#

DATE ORDERD:

DATE SHAPED:

**COLOR DESIGN**

**BASE PRICE**

EXTRAS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL

TAX

TOTAL

DEPOSIT

BALANCE

LEASH PLUG

PLUG  DRILL THRU  LOOP  NONE

BLANK \_\_\_\_\_ ORDERED