



CUSTOM ORDER FORM

Phone-Fax: 808.638.0050

Customer Name _____ Order Date _____ Board # _____

Weight _____ Height _____ Age _____ Length _____ Tail _____ Volume _____

	Nose	Center	Tail
Width			
Thickness			
Rocker			
Rail			
Bottom			

R A I L	Shape	<input type="checkbox"/> TAPERED	<input type="checkbox"/> MED	<input type="checkbox"/> BOX	<input type="checkbox"/> TAPERED	<input type="checkbox"/> MED	<input type="checkbox"/> BOX	<input type="checkbox"/> TAPERED	<input type="checkbox"/> MED	<input type="checkbox"/> BOX
	Volume	<input type="checkbox"/> THIN	<input type="checkbox"/> MED	<input type="checkbox"/> FULL	<input type="checkbox"/> THIN	<input type="checkbox"/> MED	<input type="checkbox"/> FULL	<input type="checkbox"/> THIN	<input type="checkbox"/> MED	<input type="checkbox"/> FULL
	Radius	<input type="checkbox"/> SMALL	<input type="checkbox"/> MED	<input type="checkbox"/> LARGE	<input type="checkbox"/> SMALL	<input type="checkbox"/> MED	<input type="checkbox"/> LARGE	<input type="checkbox"/> SMALL	<input type="checkbox"/> MED	<input type="checkbox"/> LARGE
	Edge	<input type="checkbox"/> HARD	<input type="checkbox"/> MED	<input type="checkbox"/> SOFT	<input type="checkbox"/> HARD	<input type="checkbox"/> MED	<input type="checkbox"/> SOFT	<input type="checkbox"/> HARD	<input type="checkbox"/> MED	<input type="checkbox"/> SOFT

SPECIAL INSTRUCTIONS

Glassing (T) _____ (B) _____ Fins _____ Finish _____

Base Price _____

Extras

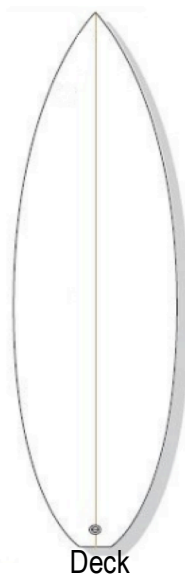
_____	_____
_____	_____
_____	_____

Subtotal (\$) _____

Tax (\$) _____

Total (\$) _____

Deposit (\$) _____



Deck

Airbrush



Bottom