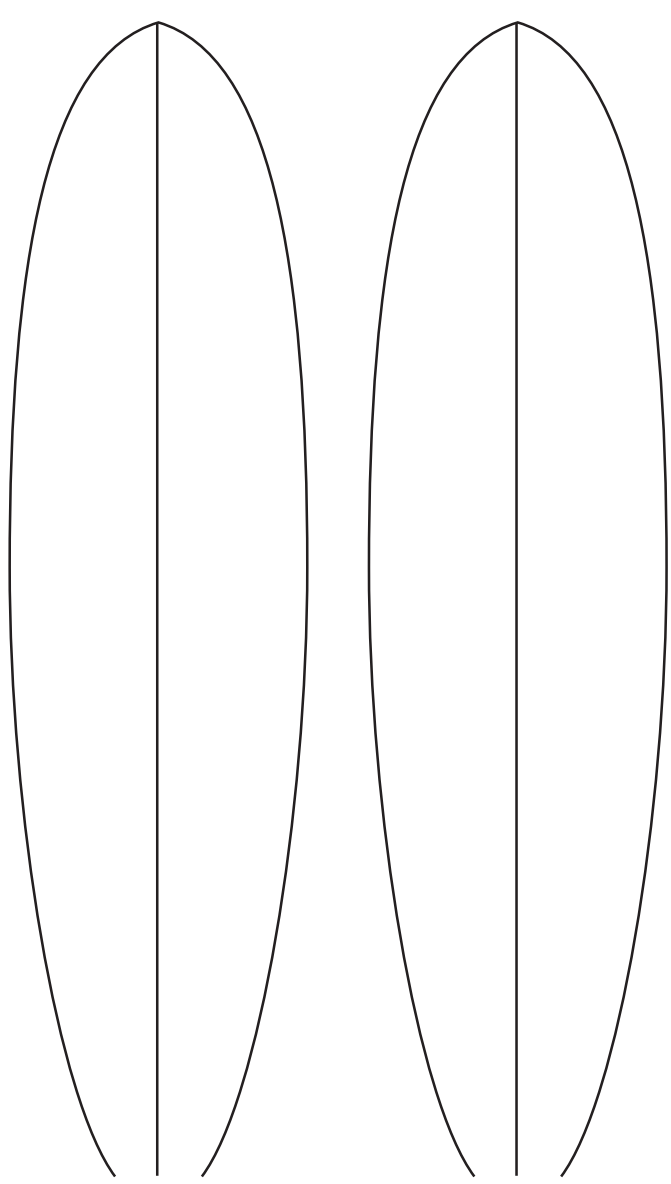


Date: _____
(Mo/Da/Yr)



Board # _____

Phone: 800-899-SURF Fax: 808-637-3008
Address: 62-595 Kamehameha Highway, Haleiwa, HI 96712 Email: info@surfntsea.com

Name: _____			Airbrush <input type="checkbox"/>	Resin Color <input type="checkbox"/>	Clear <input type="checkbox"/>
Phone: _____			Top		
Address: _____			Bottom		
City: _____					
State: _____ Zip: _____					
Age: _____		Height: _____			
Ability: B <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/>		Weight: _____			
Model: _____		Stock: _____			
Len: _____		Wid: _____	Thk: _____		
Comments:					
Glassing Top:					
Decals:					
Glassing Bottom:					
Decals:					
Finish : Glossed <input type="checkbox"/> Sanded <input type="checkbox"/>					
Side Boxes:		Center Box:	Glass-ons:		
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		M <input type="checkbox"/> L <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Leash Plug: Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/>					
Dealer: _____					
Salesperson: _____					
Description:					