

ORDER FORM COVER-PRO®/COVER-PRO II® SHUR-TRAK II™ SHORT-STOP

1 CONTACT INFORMATION

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____
 BOX/TRAILER MAKE _____

2 REQUIRED MEASUREMENTS

TARP BODY LENGTH _____
MUST ANSWER THIS.
 TARP WIDTH _____
 FABRIC TYPE
 MESH VINYL
 FABRIC COLOR(S) _____

 TRAILER WIDTH _____
 BOW SPACING
 30" (Cover-Pro®) 36" (Cover-Pro II®/Shur-Trak™ Short-Stop™)
 BOW COUNT _____
 BOW RISE _____
 TARP FASTENER
 POCKET BOLT-ON VELCRO LOOPS

Ordering a Replacement Tarp

Certain information is crucial to getting the right replacement tarp to fit your tarping system. Fill out all of the information requested at left.

