

SHUR-TRAK II™ ORDER FORM

CONTACT INFORMATION

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

CORRECT MEASUREMENTS ARE CRUCIAL TO GETTING THE RIGHT TARP FIT. PROVIDE ALL REQUESTED INFORMATION OR YOUR ORDER MAY BE DELAYED. **DO NOT** USE UNIVERSAL BOX SIZES. **ALWAYS** USE ACTUAL MEASUREMENTS.

G010F-0410

REQUIRED MEASUREMENTS

TARP BODY LENGTH _____
Must answer this.

TARP WIDTH _____

FABRIC TYPE

MESH VINYL

FABRIC COLOR(S) _____

INSIDE BOX WIDTH _____

OUTSIDE BOX WIDTH _____

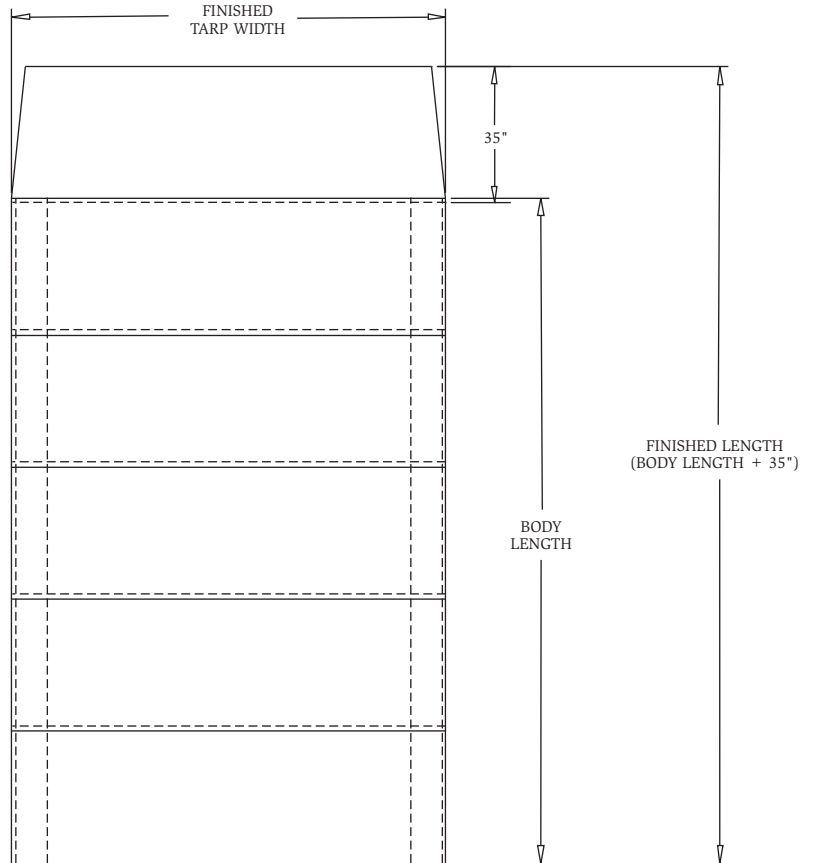
FRONT SECTION

RAISED FLAT

BOW COUNT* _____

BOW RISE _____

*The two bows in the Rear Bow Stabilizer are counted as one.



fax 605.665.0501

Salesperson _____