

Stewart

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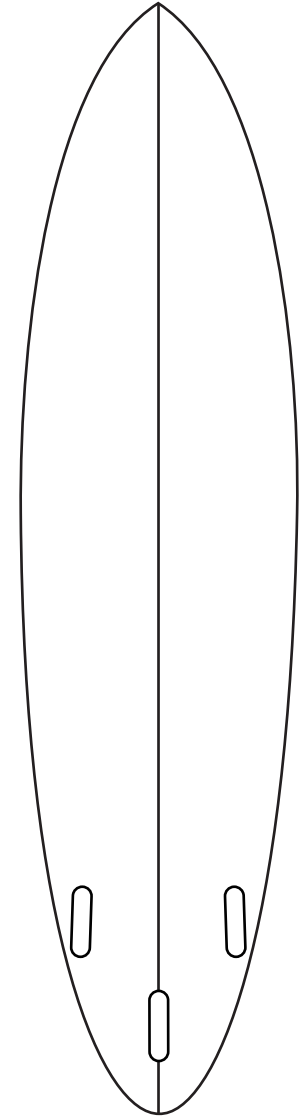
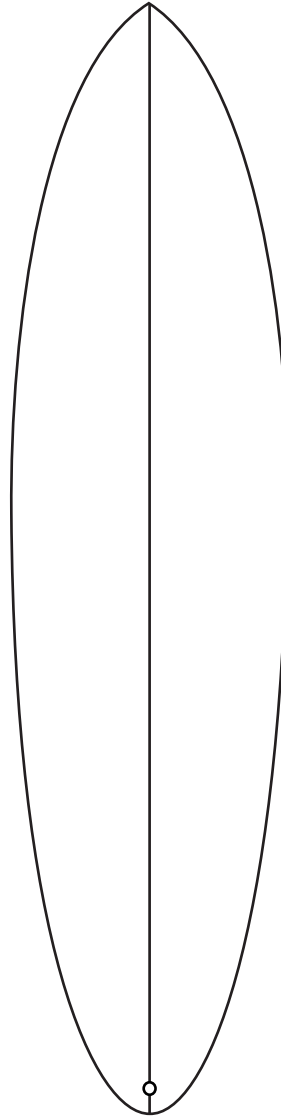
Dealer: _____

Date Ordered: _____

Board #: _____

Salesman: _____

Date Due: _____



Name: _____

Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Age: _____ Height: _____

Ability: B I A Weight: _____

Model: _____ Stock: _____

LG: _____ WD: _____ TH: _____

E-Type Polyurethane

Glass Top: _____

Glass Bot: _____

Finish: SAND ONLY SAND GLOSS GLOSS POLISH

Side Boxes: 1 2 3 4 5

Center Box: M L

Leash Plug: L C R DRILL BOX

Customer Authorization Signature: _____

Painted Resin Color Clear

Comments: _____

X _____

Board #: _____