

Stewart

949-492-1085

retail@stewartsurfboards.com

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 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Center Box: M <input type="checkbox"/> L <input type="checkbox"/>
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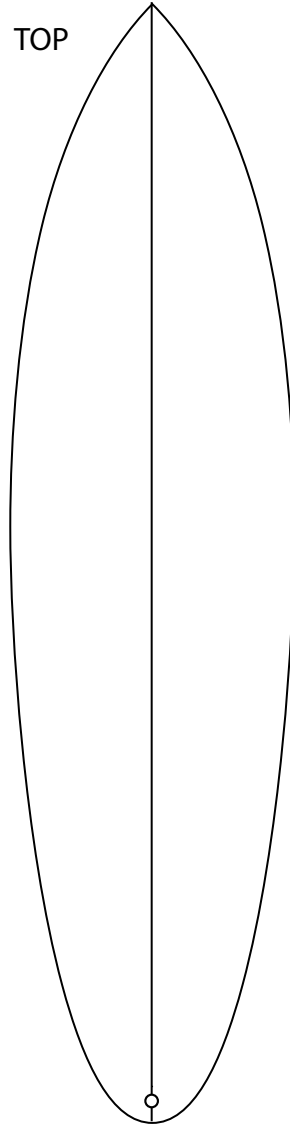
Leash Plug: L C R DRILL BOX

Customer Authorization Signature: _____

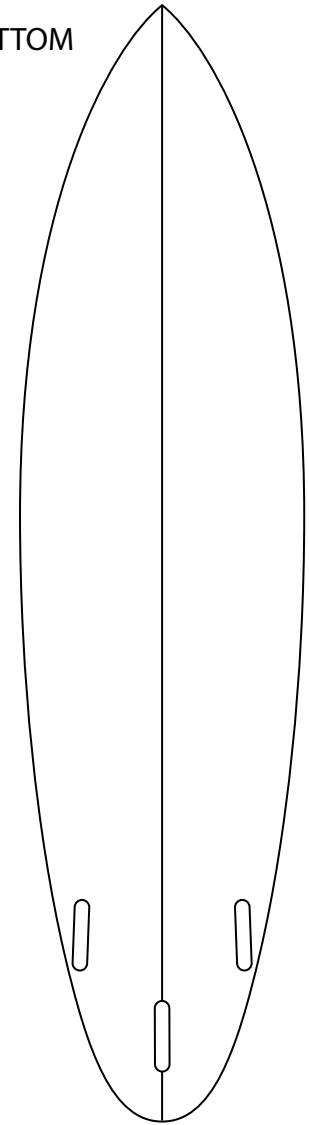
X _____

Board #: _____

TOP



BOTTOM



Painted Resin Color Clear

Comments: