

|                                       |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|
| <b>CUSTOMER</b>                       |  | <div style="font-size: 2em; color: red; font-weight: bold; margin-bottom: 10px;">HARBOUR</div> <div style="font-size: 1.5em; color: black; font-family: cursive; margin-bottom: 10px;">Surfboards</div> <div style="font-size: 0.8em; color: black;">329 Main Street Seal Beach, Ca 90740<br/>Tel 562 430 5614 Fax 562 430 3856</div> <div style="display: flex; justify-content: space-around; align-items: center; height: 300px;"> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <b>DECK</b><br/> <input type="checkbox"/> FOAM SPRAY    <input type="checkbox"/> HOT COAT COLOR         </div> <div style="text-align: center;"> <b>BOTTOM</b><br/> <input type="checkbox"/> FOAM SPRAY    <input type="checkbox"/> HOT COAT COLOR         </div> </div> <p style="font-size: 0.7em; margin-top: 10px;">Artists' interpretation of the provided drawings may not be exact. Foam spray colors may not match provided samples due to the resin medium. Colored laminations may not match the shade on display. The sales staff will gladly try to give a "ball park" delivery time, but due to the complexity of building this hand made product, a completion date cannot be</p> |  | <b>DECK</b>  |  |
| WEIGHT                                |  |  |  | SILANE / EPOXY<br>___ 4oz <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>VOLAN</b> TINT _____<br>___ 6oz <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OPAQUE _____<br>___ 7.5oz <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>___ 10oz <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                 |  |
| AGE                                   |  |  |  | <b>BOTTOM</b><br>SILANE / EPOXY<br>___ 4oz <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>VOLAN</b> TINT _____<br>___ 6oz <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OPAQUE _____<br>___ 7.5oz <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>___ 10oz <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ABSTRACT _____ |  |
| <b>SHAPE</b>                          |  |  |  |  |  |
| LENGTH                                |  |  |  |  |  |
| NOSE @ 12"                            |  |  |  |  |  |
| CHANNEL NOSE <input type="checkbox"/> |  |  |  | <b>TRI FINS / SIDE BITES</b><br>___ GLASS ON _____ O'FISH'L<br>___ FUTURE _____ OTHER  |  |
| NOSE BLOCK <input type="checkbox"/>   |  |  |  |  |  |
| BOARD WIDTH                           |  |  |  | <b>CENTER BOX:</b>   |  |
| TAIL SHAPE                            |  |  |  | <input type="checkbox"/> 8 1/2" <input type="checkbox"/> 10 1/2"<br><input type="checkbox"/> O'FISH'L <input type="checkbox"/> OTHER   |  |
| TAIL @ 12"                            |  |  |  | <b>LEASH CUP</b>   |  |
| TAIL BLOCK <input type="checkbox"/>   |  |  |  | <input type="checkbox"/> LEFT <input type="checkbox"/> CENTER <input type="checkbox"/> RIGHT<br><input type="checkbox"/> DRILLBOX / LEASH LOOP   |  |
| THICKNESS                             |  |  |  | <b>DECK</b>  |  |
| STRINGER                              |  |  |  | <input type="checkbox"/> GLOSS <input type="checkbox"/> SANDED GLOSS<br><input type="checkbox"/> SAND ONLY   |  |
| REMARKS                               |  |  |  | <b>BOTTOM</b>  |  |
| BASE PRICE                            |  | <input type="checkbox"/> GLOSS <input type="checkbox"/> SANDED GLOSS<br><input type="checkbox"/> SAND ONLY   |  |  |  |
| GLASS                                 |  | <b>FOAM</b>  |  |  |  |
| FIN                                   |  | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> EPS<br/> <input type="checkbox"/> POLYURETHANE         </div> <div style="font-size: 0.6em;">           shaper use only<br/>           BLANK<br/>           ROCKER<br/>           DATE<br/>           SALESMAN'S INITIALS         </div> </div>  |  |  |  |
| COLOR                                 |  |  |  |  |  |
| CHANNEL                               |  |  |  |  |  |
| BLOCKS                                |  |  |  |  |  |
| STRINGER                              |  | <div style="display: flex; justify-content: space-between;"> <div>           DATE    /    /<br/>           STATE    ZIP<br/>           HOME PHONE (    )<br/>           WORK PHONE (    )<br/>           NO         </div> <div>           NAME<br/>           ADDRESS<br/>           CITY         </div> </div>   |  |  |  |
| SUB TOTAL                             |  |  |  |  |  |
| TAX                                   |  |  |  |  |  |
| TOTAL                                 |  |  |  |  |  |