

PERFECT WAVE - CUSTOM ORDER FORM

CUSTOMER: _____
ADDRESS: _____
CITY: _____ STATE: WA ZIP: _____
PHONE: _____
EMAIL: _____
DEPOSIT: _____



OTHER NOTE: _____

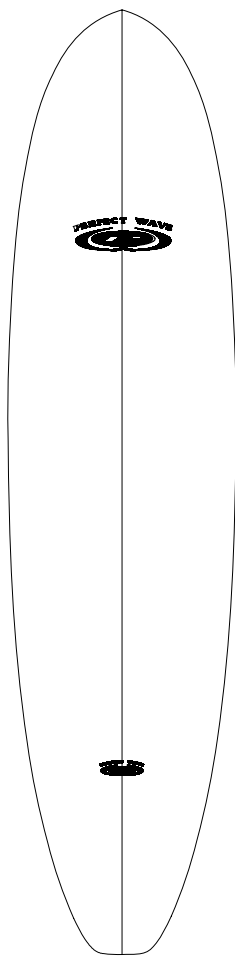
SHAPED BY: _____

DESCRIPTION:

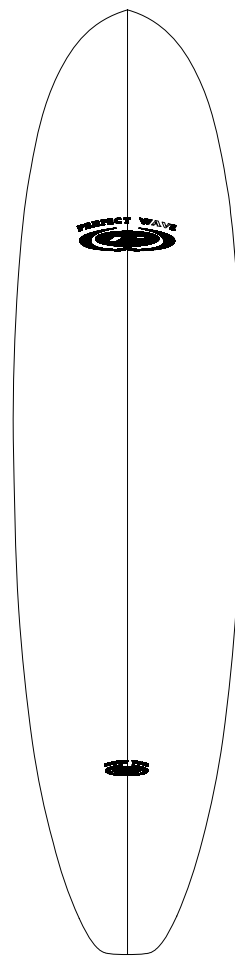
SHAPE **MINI TANK** _____
LENGTH _____
NOSE _____
WIDTH _____
TAIL _____
THICKNESS _____
FIN SPECIFICATION _____
OTHER _____
FINISH _____

COLOR - DESIGN

DETAILS _____



FRONT



BACK

P E R F E C T W A V E
8 2 0 9 1 2 4 T H A V E N E , K I R K L A N D , W A 9 8 0 3 3
(4 2 5) 8 2 7 - 5 3 2 3

W W W . P E R F E C T W A V E . C O M