

PERFECT WAVE - CUSTOM ORDER FORM

CUSTOMER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

DEPOSIT: _____



OTHER NOTE: _____

SHAPED BY: _____

DESCRIPTION:

SHAPE _____

LENGTH _____

NOSE _____

WIDTH _____

TAIL _____

THICKNESS _____

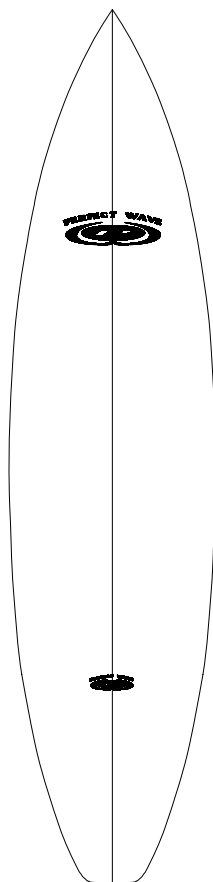
FIN SPECIFICATION _____

OTHER _____

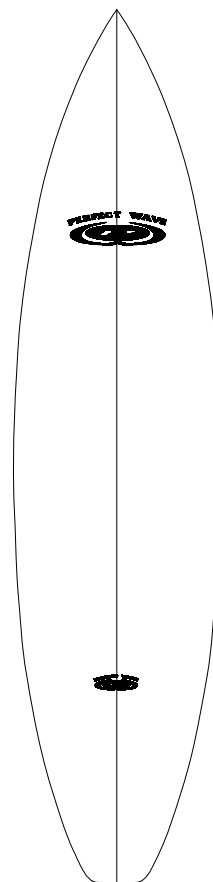
FINISH _____

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