

PARTSGROUP

Cover Order Form

+31-(0)402041281

info@partsgroup.eu

ORDER INFORMATION

ORDER#

ORDER DATE

PROMISE DATE

PAYMENT METHOD

 Cash
  Card
  Others

CUSTOMER INFORMATION

NAME

ADDRESS

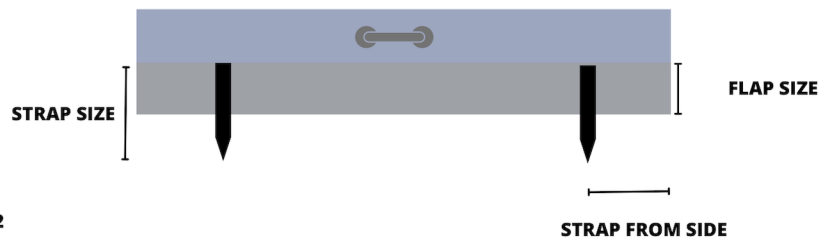
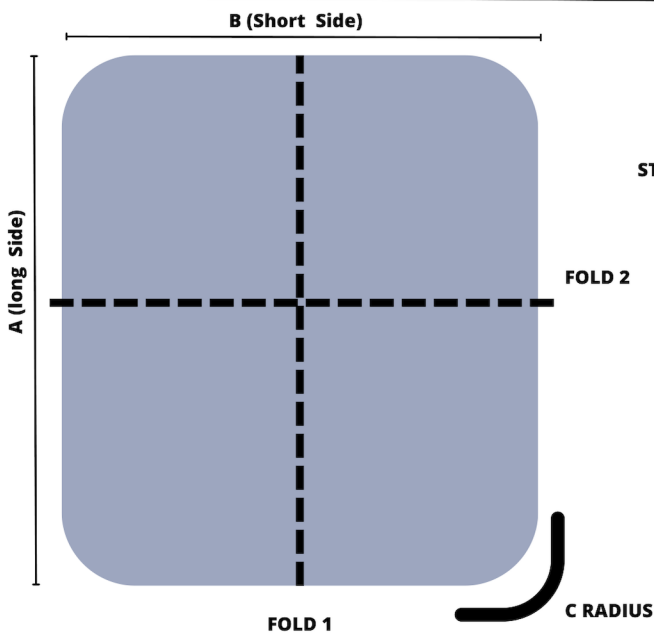
EMAIL/PHONE

DELIVERY METHOD

 Pick Up
  Drop Off
  Shipping

Shipping Date:

Shipping Tracking#



A	CM
B	CM
C	CM
FLAP SIZE	CM
STRAP FROM SIDE	CM
STRAP SIZE	CM

FOLD 1	Yes/No
FOLD 2	Yes/No

COLOUR	Dark Grey	Dark Brown	Black	Light Grey

NOTES: