

FAX LEATHER EXPRESS

Fax to 1-413-547-6077

Auto
Custom
Leathers

Date & Time: _____

PO#: _____

Customer Name _____

Address _____

City, State, Zip _____

Phone # _____

This Unit Sold or Stock: _____

Date Needed By: _____

(Shipping will be confirmed via fax A.S.A.P.)

OFFICE USE ONLY

DOF _____

TOF _____

CSR _____

TCK# _____

Year _____

Qty: _____

Make _____

Part#: _____

Model _____

Deluxe or Premium (Circle one) _____

Door _____

Flat or Gather (Circle one) _____

Bodystyle _____

Perf _____

Front Seat Type _____

(Check availability of Perforated colors)

Rear _____

Embroidery Lettering _____

(2nd & 3rd Rear) _____

(Block or Italic)

Regular Style _____

(All sets done in this style unless specified)

If Piping Color _____

(All sets Top-Stitched unless specified)

Two Tone Inserts _____

Insert Color _____

Trim Color _____

If Piping Color _____

(All sets Top-Stitched unless specified)

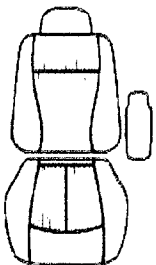
Two Tone Center _____

Insert Color _____

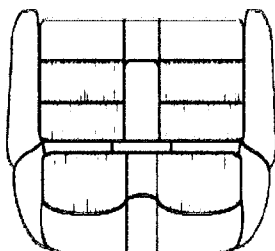
Trim Color _____

If Piping Color _____

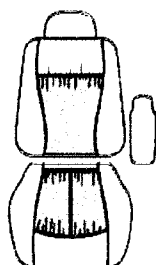
(All sets Top-Stitched unless specified)



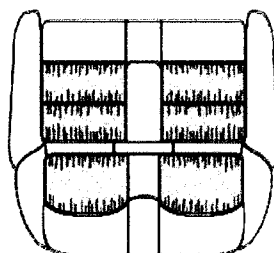
FRONT



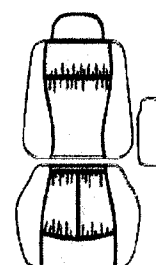
BACK



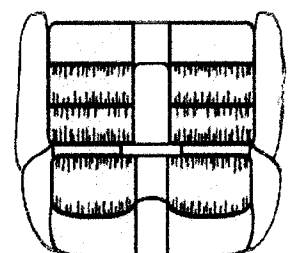
FRONT



BACK



FRONT



BACK