



**ORDER FORM**

**Ship To: SURFCITYCHROME  
17722 Collins Circle  
Huntington Beach, CA 92647**

**SHIP FROM :**

Customer Name: \_\_\_\_\_  
Dealer Name (If Applicable): \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**BILL TO ADDRESS:**

Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

**SHIP TO ADDRESS:**

Check box if the same as Bill To Address

Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

**DESCRIPTION OF PARTS TO BE PLATED (Please include count):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL # OF BOXES IN SHIPMENT: \_\_\_\_\_  
P.O. or REFERENCE NUMBER: \_\_\_\_\_

**REPAIR AUTHORIZATION (IF APPLICABLE)/ DESCRIPTION OF REPAIR(S) TO BE PERFORMED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_