

TRIPLE X VENOM FRONT SEAT Diamond Stitch

Customer _____
 Order Date _____
 ETA _____
 Invoice # _____
 Front Seat _____
 Rear Seat _____
 Front Bench _____
 Rear Bench _____
 Make Model _____
 Year _____

#1 Headrest
 #2 Side Bolster
 #3 Bottom Bolster
 #4 Center
 #5 Boxing



Sub Loop _____
 Pocket _____

Heater _____ Y/N?
 Speakers _____ Y/N?
 Element Release _____ Y/N?
 Headrest Logo _____ Y/N?

SEAT COLOR CHOICE

Top/ Headrest: _____
 Bolster: _____
 Bottom Bolster _____
 Center _____
 Head Rest Hole _____
 Piping _____
 Boxing _____
 Stitching _____

Please sign below to authorize the build of your seats. A digital signature (/S/) will constitute a legally binding signature and acceptance of pricing and terms.

When you have finished filling out this form, save it on your computer using your company or personal name as the file name and then email the saved PDF file to our email address, info@triplexseats.com

Please remember to add your contact information (phone numbers and email address) in the "Notes" below!

Notes Your Email: _____ Your Phone Number _____ Your Signature _____	Address: Street, City, State and Zip _____ _____ _____
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