

Triple X 2.0 Elite Order Form

Customer _____

Order Date _____

ETA _____

P.O. # _____

Front Seat _____ #1 = Center

Rear Seat _____ #2 = Side Bolster

Rear Bench _____ #3 = Bottom Bolster

Make _____ #4 = Boxing

Model _____ #5 = Inner Accent

Year _____ #6 = Piping

Sewn 5th Point _____ #7 = Upper Accent

Pocket: _____

Heater _____

Speakers _____

Specify Logo _____



Seat Options

Upper Accent: _____

Bolster: _____

Bottom Bolster _____

Center: _____

Head Rest Hole: _____

Piping: _____

Boxing: _____

Stitch color _____

Inner Accent: _____

Headrest: _____

Please sign below to authorize the build of your seats. A digital signature (/s/) will constitute a legally binding signature and your 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 it to our email address, info@triplexseats.com.

Please remember to add all your contact information (phone number and email address) in the "Notes" section below.

Signature: _____

Notes: _____	Address: Street, City, State and Zip Code _____
Your Email _____	_____
Your Phone # _____	_____