

TRIPLE X PRO 2.0 Order Form

Customer _____
 Order Date _____
 ETA _____
 Purchase order # _____
 Front Seat _____
 Rear Seat _____
 Bench Seat _____
 Make/Model _____
 Year _____

- #1 = Center
- #2 = Side Bolster
- #3 = Bottom Bolster
- #4 = Boxing
- #5 = Inner Accent
- #6 = Piping
- #7 = Upper Accent



Sub Loop _____
 Pocket _____
 Heater _____ Y/N?
 Speaker _____ Y/N?
 Headrest Logo _____ Y/N?

SEAT COLOR CHOICE

#1 Center _____
 #2 Side Bolster _____
 #3 Bottom Bolster _____
 #4 Boxing _____
 #5 Inner Accent _____
 Belt Pass Through _____
 #6 Piping _____
 Stitching _____
 #7 Upper Accent _____

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@tripleseats.com

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

Notes

Address: Street, City, State and Zip

Your Email: _____

Your Phone Number _____

Your Signature _____