

GCI ORDER FORM

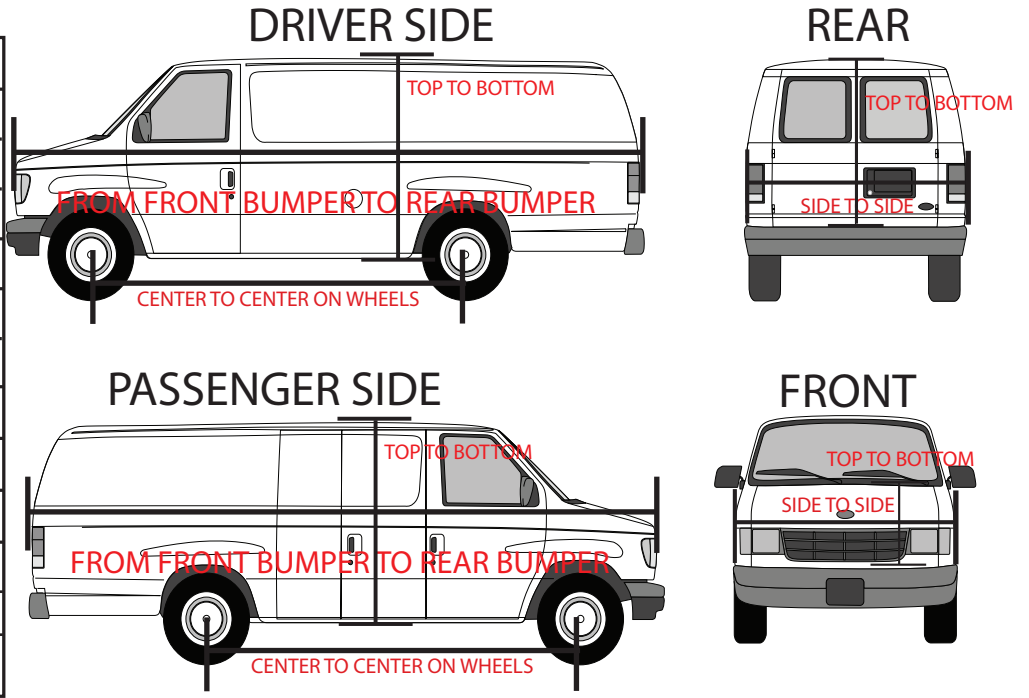
CUSTOMER INFORMATION		
Company Name:		
Address:		
City:	State:	City:
Custmer Contact:		
Phone: ()	Fax: ()	
E-Mail:		

SHIPPING INFORMATION		
Company Name:		
Address:		
City:	State:	City:
Custmer Contact:		
Phone: ()	Fax: ()	
E-mail:		

P.O. NUMBER:	Due Date:	Sales Person:
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VEHICLE INFORMATION:						
Small : <input type="checkbox"/>	Medium: <input type="checkbox"/>	Large: <input type="checkbox"/>	Ex large: <input type="checkbox"/>	Specialty Vehicle: <input type="checkbox"/>		
Make:	Model:	Year:	Color:			
Full Wrap: <input type="checkbox"/>	Half Wrap: <input type="checkbox"/>	Quarter Wrap: <input type="checkbox"/>	Roof: <input type="checkbox"/> yes <input type="checkbox"/> no	Windows: <input type="checkbox"/> yes <input type="checkbox"/> no		
<i>We require HIGH RESOLUTION pictures of all of the vehicle. Straight on pictures of Front, Passenger Side, Driver Side and Rear</i>						
Front Photo: <input type="checkbox"/>	Passenger Side Photo: <input type="checkbox"/>	Driver Side: <input type="checkbox"/>	Rear Photos: <input type="checkbox"/>			

MEASUREMENTS (INCHES)	
1) DS- FRONT BUMPER TO REAR BUMPER	
2) DS- TOP TO BOTTOM	
3) DS- CENTER TO CENTER ON WHEELS	
4) PS- FRONT BUMPER TO REAR BUMPER	
5) PS- TOP TO BOTTOM	
6) PS- CENTER TO CENTER ON WHEELS	
7) REAR- SIDE TO SIDE	
8) REAR- TOP TO BOTTOM	
9) FRONT- SIDE TO SIDE	
10) FRONT- TOP TO BOTTOM	
11) Roof-	



FOR GCI USE ONLY

WRAP INFORMATION
LOGO: VECTOR AND ESP
COMPANY NAME:
PHONE:
WEBSITE:
Colors:
OTHER INFO:

INSTALL LOCATION
Company Name:
Address:
City: State: Zip Code:
Phone:
Installer Name:
Designer Int: Job #

X _____

DATE: _____