

WAVE TOOLS SURFBOARDS®

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949-631-0887
wavetoolssurfboards.com

Length:_____

TOP

BOTTOM

Width:_____

Thickness_____

Nose:_____

Tail:_____

Tail Shape:_____

Height:_____

Weight:_____

Volume:_____

Model:_____

TOP GLASS:

COLOR:

BTM GLASS

COLOR

FINISH

FINS

Name:_____

Ph:_____

email:_____

Orig. Order Date:_____

DUE BY_____

Blank Type:_____

Blank Ordered On:_____

PO # for Blank_____

Blank Rec'd On:_____

Blank Cut:_____

Finished Shaped:_____

Shaper_____

AirBrushed:_____

Lams & Marked:_____

Copy of Order Form:_____

In to Glass On:_____

Completed:_____

PureGlass Invoice #_____

Customer Contacted:_____

Picked Up or Delivered On:_____

Customer Invoice #_____

Paid in Full:

Base Price:

Airbrush:

Extras:

Sub-Total:

Tax

Total:

Deposit:

Comments