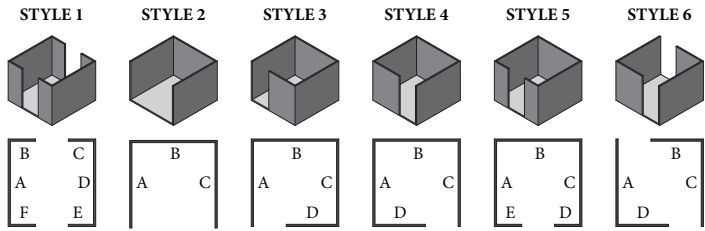


Customer Name: _____ Phone Number: _____

1. Cab Style - Select the cab style based on the diagram below.



6. Pad Panel Measurements

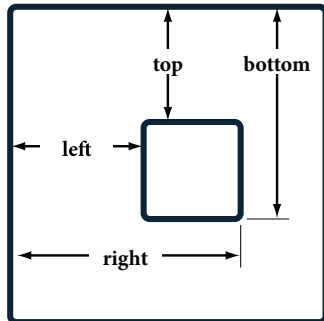
Measure the width from the left edge to the right edge of each cab wall. Measure the height from the top of the wall panel or ceiling to the floor. Subtract 4" from the height to meet fire codes. If you are hanging pads with hooks or clamps, subtract the height of the hook from the height of the wall. Record each measurement in inches.

Panel:	Height	Width
A		
B		
C		
D		
E		
F		

8. Cutouts (if required)

Top: Measure from the top of the wall to the top edge of the cutout.
 Bottom: Measure from the top of the wall to the bottom edge of the cutout.
 Left: Measure from the left edge of the wall to the left edge of the cutout.
 Right: Measure from the left edge of the wall to the right edge of the cutout.
 Record each measurement in inches.

Panel:	Top	Bottom	Left	Right
A				
B				
C				
D				
E				
F				



2. Hanging Method

- StudStrip™
- Hooks
- Adapt-a-Clamps®
- Grommets
(grommet locations required)

3. Material

- Palmtuff® Vinyl
- Deluxe Vinyl
- Canvas
- Double-Thick

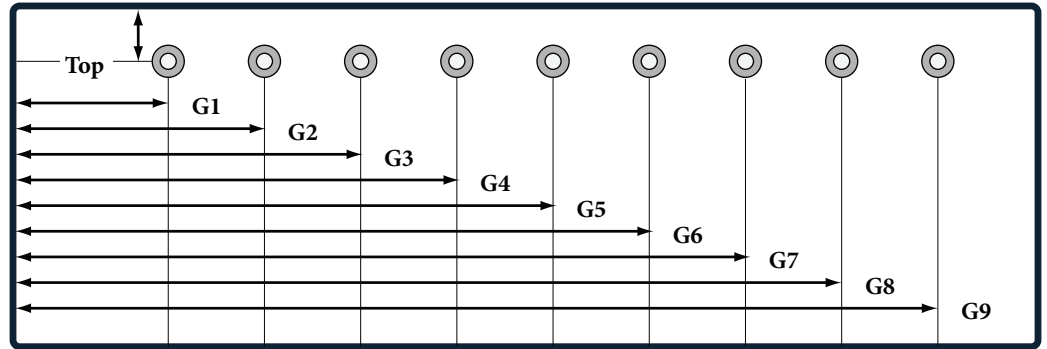
4. Color _____
(see palmerpads.com for current colors)

5. Number of Sets: _____

7. Grommet Locations (if required)

Measure from the top of the pad to the center of each grommet. Next, measure from the left edge of the wall to the center of each grommet. Record each measurement in inches.

- Use standard spacing



Panel:	Top	G1	G2	G3	G4	G5	G6	G7	G8	G9
A										
B										
C										
D										
E										
F										

9. Hooks, Studs, and Adapt-a-Clamps®

Qty: _____ Style #: _____

10. Notes _____

***Additional information required on back of form**



worthy of the elevators they protect

Elevator Pad Order Form

Fill out both sides of this form and email it to sales@palmerpads.com or fax it to 617-442-1152. If you have any questions, please contact a customer service representative at 800-600-PADS (7237) or visit us at www.palmerpads.com.

Place an Order Request a Quote

Contact Information

Contact Name: _____
Phone: _____
Fax: _____
Email: _____

Billing Address

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Payment Method

Open Account
 C.O.D. (UPS charges apply)
 Credit Card:
 Amex Mastercard Visa
Number: _____
Expiration date: _____

Order Information

PO #: _____ Job Name: _____
 Rush Order*

**Rush fee applies per set plus freight charges. Orders received before 11:00 AM EST are shipped the same business day. Rush orders received after 11:00 AM EST are shipped by the end of the next business day. Standard shipping times apply.*

Shipping Address (if different than billing address)

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Shipping Method

Standard
 Next Day Air
 2nd Day Air

Shipping Carrier

UPS (preferred)
 FedEx
 Other: _____

Freight Billing

Standard
 Collect (freight account required)
 3rd Party (freight account required)
Freight Account: _____