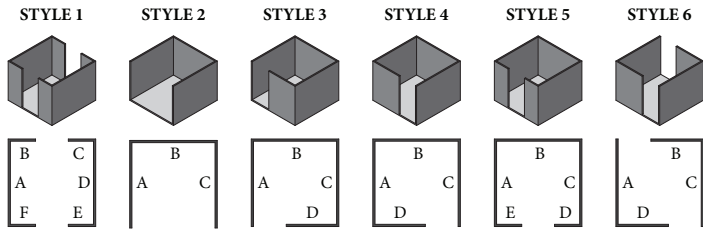


Customer Name: _____ **Phone Number:** _____

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



6. Pad Panel Measurements

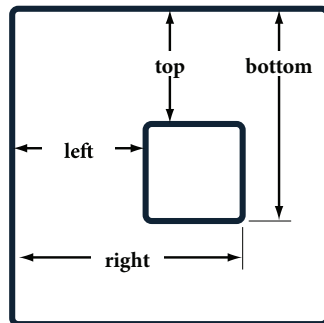
Measure the width from the left edge to the right edge of each cab wall. Measure the height from the top of the wall panel or ceiling to the floor. Subtract 4" from the height to meet fire codes. If you are hanging pads with hooks or clamps, subtract the height of the hook from the height of the wall.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

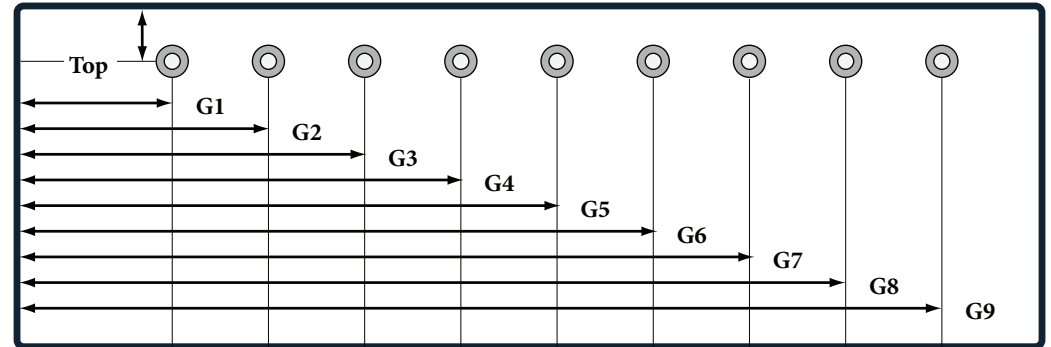
4. Color _____
(see palmerpads.com for current colors)

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**

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*

**Do not include credit card details on this form or in email. A Palmer Pads representative will contact you to collect payment information.*

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: _____