SDT / Side Kick Replacement Order Form

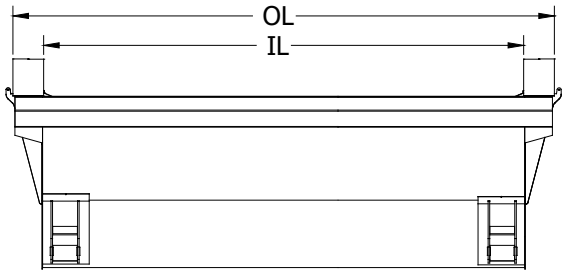
Customer Name: _____ **City:**_____

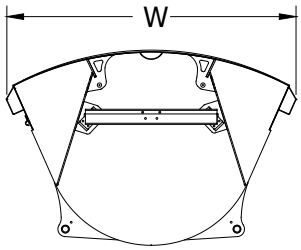
Address: _____**Postal Code:** _____

Ph#: ( )_____ **Fax#: (** **)**_____ **Email:** _____

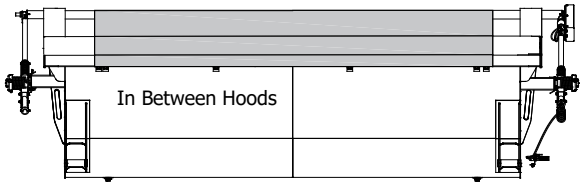
Trailer: _____ **Serial #:** _____

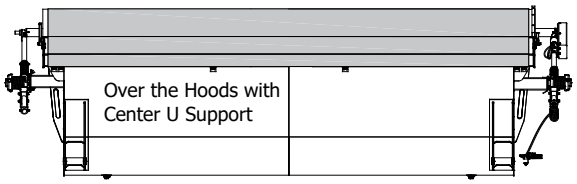
A. Existing Finished Measurements of Tarp:
   a. Width: _____ Length: _____

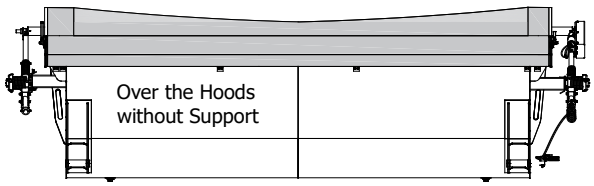




B. Outside Top Length Measurement (OL): _____
C. Inside Top Length Measurement (IL): _____
D. Width of Trailer Measurement (W): _____
E. Circle the Style of Tarp







F. Type of Material
   a. Gorilla Mesh
   b. Vinyl - Color _____
G. Locked Closed
   a. Under Locking Flange, the Length of Trailer
   b. Hooks on the Ends of the Trailer