

## **Customer Order Form**

Complete this form to inquire on a general or custom pallet. We will contact you shortly.

Contact Information:		
Company:		
Contact:		
Address:		
City:		
State:		
Zip:		
Phone:		
Fax:		
Email:		
Where did you hear	r about us?	
General:		
Pallet Name:		
Overall Size:		
	Length:	
	Width:	
Wing:		
J	Top:	
	Bottom:	

Markings:	
Load Weight:	Minimum:
	Maximum:
	THORITION.
Stringers:	
Material:	
Quantity:	
Width:	
Height:	
Notched:	
Top Deckboards:	
Material:	
Quantity:	
Chamfered:	Yes No
Thickness:	
Width:	Begin from the top and specify the width of each board across the pallet. (typically either 4" or 6" wide)
	1: 6: 2: 7: 3: 8: 4: 9: 5: 10:
Evenly Spaced:	Yes No
Bottom Boards:	
Material:	
Quantity:	

Chamfered:	Yes	No		
Thickness:				
Width:	of each board	e top and specify the across the pallet. er 4" or 6" wide)	width	
	1: 2: 3: 4: 5:	6: 7: 8: 9: 10:		
Evenly Spaced:	Yes	No		
Delivery Requiremen	nts:			
Delivery Type:				
Location:				
Estimated Usage:	pallets per r	month		
Additional Comments:				 -
				 -
				 -
				-