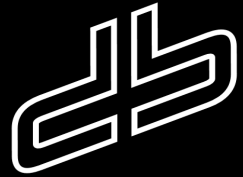


DB SURFBOARDS - ORDER FORM



BOARD #: _____
ORDER DATE: _____
DUE DATE: _____

Customer Information

Name: _____ Age: _____
Phone: _____ Height: _____
Email: _____ Weight: _____
Experience level: _____

Order Information

Surf Shop: _____
Reps name: _____

Surfboard Information

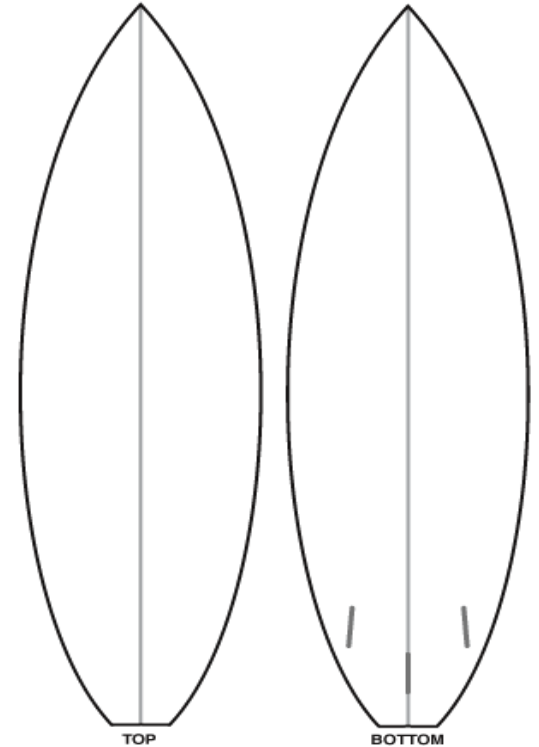
Model: _____
Length: _____
Widths: nose center tail _____
Thick: _____ Tail: _____
Concaves: _____
Blank: _____

Glassing Information

Lamination top: _____
Lamination bottom: _____
Finish: Sanded Gloss and Polish
Special instructions: _____

Fins: FCS LOK BOX
 FUTURES Glass On

Special Instructions: _____
Airbrush Information: _____



Pricing Information

Surfboard Price: _____
Extras: _____
CA Sales Tax 7.75%: _____
Shipping: _____
Deposit: _____
Total: _____

Shipping Information

Name: _____
Phone: _____
Email: _____
Address: _____
Country: _____

Payment Information

Card Type: Mastercard Visa Amex Card # _____
Exp. Date _____ CVV # _____ Name on Card: _____
Billing Address: _____
Signature: _____

Please complete this form to the best of your ability and fax to: 619-291-1142, email: dave@dbsurfboards.com or mail to DB Surfboards, PO BOX 283 Cardiff, CA 92007. We will contact you to confirm your order and pricing. Thanks!