

EXCALIBUR

TRUCK ACCESSORIES LTD.

TEL: 403 995 1818
 FAX: 403 995 2445
 E-MAIL: excalven@telus.net

Date: _____

Company: _____

Contact: _____

Ship To : _____

Phone: _____

PO # _____

Date Required: _____

Ship Via: _____

Prepaid:
 Collect:

Account #, with Shipping Company _____

RUNNING BOARD PARTICULARS

Vehicle Year: _____ Make: _____ Model: _____

| | | | | | |
|------------------------------|-----------------------------------|------------------------------|-----------------------------------|--|----------------------|
| <input type="checkbox"/> Cab | Regular <input type="checkbox"/> | <input type="checkbox"/> Box | Short <input type="checkbox"/> | <input type="checkbox"/> Box measurement | <input type="text"/> |
| | Extended <input type="checkbox"/> | | Standard <input type="checkbox"/> | | |
| | Quad <input type="checkbox"/> | | Long <input type="checkbox"/> | | |
| | Crew <input type="checkbox"/> | | | | |
| | Mega <input type="checkbox"/> | | | | |
| | Crew Max <input type="checkbox"/> | | | | |

| Quantity | Colour | Steps | Lights* | Front | Rear | Wheel |
|----------------------|---|----------------------------------|--------------------------------|-------------------------------------|-------------------------------------|---------------------------------|
| <input type="text"/> | Bright Silver <input type="checkbox"/> | 3 Steps <input type="checkbox"/> | No <input type="checkbox"/> | Mud - Flap <input type="checkbox"/> | Mud - Flap <input type="checkbox"/> | Single <input type="checkbox"/> |
| | Black <input type="checkbox"/> | 2 Steps <input type="checkbox"/> | Yes <input type="checkbox"/> | End - Cap <input type="checkbox"/> | End - Cap <input type="checkbox"/> | Dully <input type="checkbox"/> |
| | Metalic Silver <input type="checkbox"/> | 1 Step <input type="checkbox"/> | Amber <input type="checkbox"/> | Notes: _____ _____ _____ | | |
| | | | White <input type="checkbox"/> | | | |
| | | | Blue <input type="checkbox"/> | | | |

| | |
|--------------------------|-----------------|
| Office use | |
| Work completed by: _____ | Date: _____ |
| Ship date : _____ | Invoice # _____ |