

SHIP FROM

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____



SHIP TO

Ameri-Brand Custom Sewing Department
4619 Olive Hwy.
Oroville, CA 95966
Authorization to Ship # _____ (required)

 (cut shipping label on line above)

Note: After filling out this form, make a duplicate for your records.

Please fill in this form and place it in the box with your item. We will inspect your item and call you back with an exact quote. If you agree to our quote, we will perform the work as agreed. Should you elect not to have us complete the work, we will send the item back to you and pay for the shipping costs back to you. Shipping cost to Ameri-Brand is the customers sole responsibility. **Do not ship your product without first obtaining an Authorization to ship number at 800-982-6966. Ask for the Custom Sewing Department.**

____ / ____ / ____
 Date

 Name

 Address

 City

____ State Zip Code

 Home Phone

 Work Phone

 Fax

 Email

Critical Boat Info	
Year _____	
Make _____	
Model _____	
Is this a factory original part?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Description of item and requested work to be quoted:
