

SHIP FROM

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

SHIP TO

TJCars Custom Sewing Department
4619 Olive Hwy
Oroville, CA 95966

(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 cover. After you have carefully marked the desired location(s) of your new window(s), send your cover to the address above. Once we receive your cover, it may take up to six business days to fabricate and install your window(s), plus the time it takes to ship it back to you. If there is a special circumstance, we will call you immediately.

If you have any questions or concerns please call 800-982-6966. Ask for the custom sewing department.

____ / ____ / ____
Date

Name

Address

City

_____ _____
State Zip Code

Home Phone

Work Phone

Fax

Email

Notes for special items (If have more than one viewing window, it must be noted here.)

