



# Mentor System Order Form

Order #: \_\_\_\_\_

Please fax the order form to (877) 333-2100 ~ For assistance please call (800) 272-6276

Customer Type:		P.O.#:	Date Ordered:
Sold To:		Ship To:	
Address:		Address:	
City:		City:	
State:	Zip Code:	State:	Zip Code:
Contact:		Email:	
Phone:		Fax:	
Payment: <input type="checkbox"/> Credit <input type="checkbox"/> COD	Check/Credit Card#:	Auth #:	
CC St. or PO Box #:		Exp Date:	Zip Code:
Carrier:	<input type="checkbox"/> COD	<input type="checkbox"/> Collect	<input type="checkbox"/> PPD <input type="checkbox"/> PP+A <input type="checkbox"/> 3rd Pty
Standard Delivery Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Date Required By:	

System Quantity:	<input type="checkbox"/> Manual Chain Drive
	<input type="checkbox"/> Electric Dump Truck / Belly Dump (SSOED4GADTBD2.1) <input type="checkbox"/> Electric Trailer (SSOED4GATRL2.1)
Bill Code:	System Code:

Body / Trailer Info.	<b>Manufactured by:</b>	
	Frame: <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel	Bed: <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel
	Style: <input type="checkbox"/> Dump Truck <input type="checkbox"/> Bottom / Belly Dump <input type="checkbox"/> Ejector/Pusher	
	<input type="checkbox"/> Dump Trailer <input type="checkbox"/> Frameless Trailer <input type="checkbox"/> Conveyor / Walking Floor	
	Gate: <input type="checkbox"/> Barn Door <input type="checkbox"/> Gravity Gate <input type="checkbox"/> High Lift Gate <input type="checkbox"/> Other: _____	
	Front: <input type="checkbox"/> Radius <input type="checkbox"/> Cab Shield <b>Top Rail:</b> <input type="checkbox"/> Wood Sideboards	
	<input type="checkbox"/> Chamfered (45°) <input type="checkbox"/> High Rise Bulkhead (Select Option Below) <input type="checkbox"/> Inverted Metal Angle	
	<input type="checkbox"/> Square <input type="checkbox"/> High Dog House <input type="checkbox"/> Metal Top	
	Length: _____	Body Depth or Chain Size: _____
	Maximum Outside Width of Trailer Or Body At Top: _____	Front _____ Back _____
Inside to Inside of Sideboards (or rail if no boards): _____	Front _____ Back _____	

*Standard system is electric with the heavy duty connects and solenoid switch assembly. Also standard are 12" bows, galvanized cable, 18 oz. vinyl, and sewn pockets on tarp. Below are options. Please notate which options ordered.*

Tarp Options	System Length: _____	System Width: _____	Tarp Code: _____
	Vinyl: <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Other: _____		
	Rear Flap: <input type="checkbox"/> Standard <input type="checkbox"/> Bow Cap (MNTSORBC)		
	<input type="checkbox"/> Long w/Buckles (MNTSOLFB)		
Comments: _____			

System Options	<input type="checkbox"/> Sealed Pockets (MNTSOWPPCKT)	<input type="checkbox"/> 6" Arch (MNTSOARCH6)	<input type="checkbox"/> Center Mount
	<input type="checkbox"/> Wireless Solenoid Kit Upgrade (EDWIRELESS)	<input type="checkbox"/> Stainless Cable (SOSSCBL)	<input type="checkbox"/> Cab Shield
	<input type="checkbox"/> High Rise Bulkhead Option (MNTSOHIGH)	<input type="checkbox"/> Support Beam (SO2X4BEAM)	<input type="checkbox"/> 22 Oz. Vinyl (SOV22)
	<input type="checkbox"/> 24V Elec Upgrade (SO24V)	<input type="checkbox"/> Elec Doubles Kit (ELDBLOPT)	

Comments: \_\_\_\_\_

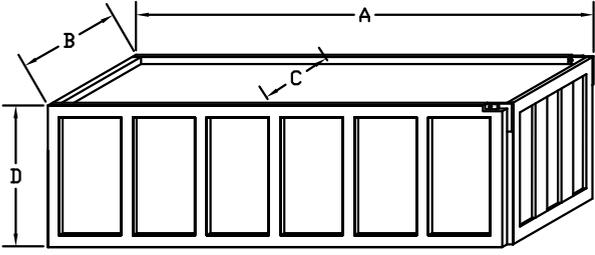
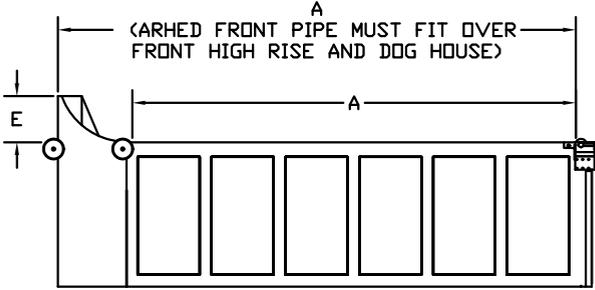
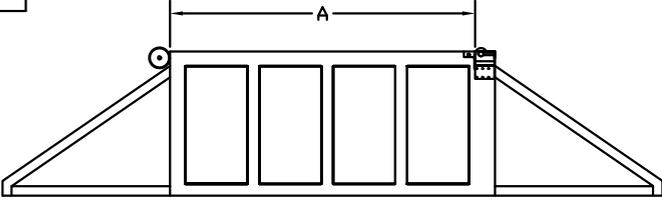
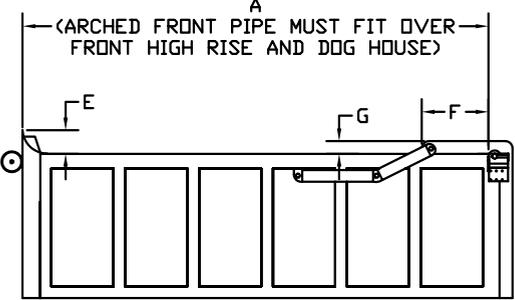
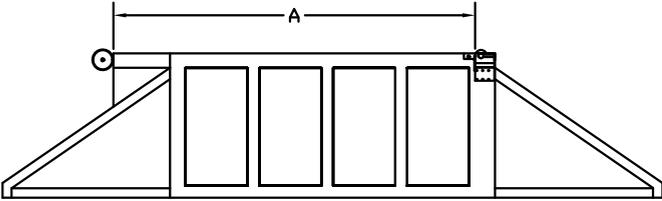
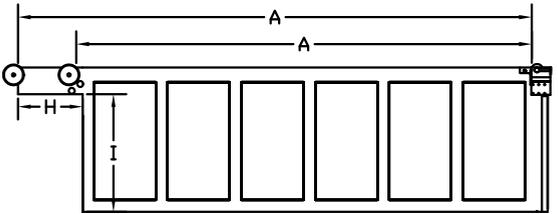
I confirm that the above specifications, measurements, and freight requirements are accurate and accepted.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

# SNG & MENTOR ORDER FORM INSTRUCTIONS WORKSHEET

CHECK WHICH DRAWING BEST REPRESENTS YOUR TRAILER. THEN PLEASE FILL OUT THE BOTTOM FIELDS.

A = TARP LENGTH: \_\_\_\_\_

B = OUTSIDE WIDTH: \_\_\_\_\_

C = INSIDE WIDTH: \_\_\_\_\_

D = BODY HEIGHT: \_\_\_\_\_

E = HIGH RISE HEIGHT: \_\_\_\_\_

F = GATE LENGTH: \_\_\_\_\_

G = HINGE HEIGHT: \_\_\_\_\_

H = CABSHIELD LENGTH: \_\_\_\_\_

I = BODY HEIGHT FOR IDLER: \_\_\_\_\_