



Econo FNG 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:	Drive <input type="checkbox"/> Electric Dump Truck (FNGECONOED) <input type="checkbox"/> Manual Dump Truck (FNGECONOMD)
	System <input type="checkbox"/> Electric Trailer (FNGECONOET) <input type="checkbox"/> Manual Trailer (FNGECONOMT)
	Bill Code: _____

Body / Trailer Information	<input type="checkbox"/> Dump Truck	<input type="checkbox"/> Belly Dump	<input type="checkbox"/> Trailer
	Frame: <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel	Bed: <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel	
	Length -Tailgate to Roller Mount Location _____	Body Depth _____	
	Width (max)- Outside to Outside _____	Width (max)- Inside to Inside _____	

Tarp Options	Tarp Size: <input type="checkbox"/> 84 <input type="checkbox"/> 90	Length: _____	Tarp Code: _____
	Drop Side: <input type="checkbox"/>	Custom Tarp Length & Width: _____	Price: _____
	Mesh: <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Multi <input type="checkbox"/> Rhino		
	Vinyl: <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Other: _____		
	Comments: _____		

System Options	<input type="checkbox"/> Rear Arm Support (FLIPSOEARS)	<input type="checkbox"/> Hold Down Kit (FLIPSOHOLDDOWN)
	<input type="checkbox"/> 96" Trailer Header (117850)	<input type="checkbox"/> Steel Roller Plates N/C
	<input type="checkbox"/> 102" Trailer Header (117851)	<input type="checkbox"/> Wireless Solenoid (EDWIRELESS)
	<input type="checkbox"/> 24V Elec Upgrade (SO24V)	<input type="checkbox"/> Electric Doubles Kit (ELDBLOPT)
	<input type="checkbox"/> FNG Handle Upgrade (FLIPSOFNGHAND)	<input type="checkbox"/> Alum Shields (FLIPSOSHIELDS)
	<input type="checkbox"/> 148 Degree Elbow Option (FLIPSOELBOWS)	

Comments: _____

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

Signature: _____ Print Name: _____