

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: _____	System Type: <input type="checkbox"/> Anti-Polution <input type="checkbox"/> Semi-Waterproof (Flat Bow N/A)
	Bow Arch: <input type="checkbox"/> Flat <input type="checkbox"/> 6" Arch <input type="checkbox"/> 12" Arch <input type="checkbox"/> 18" Arch (optional)
Drive System:	<input type="checkbox"/> Manual Belt Drive <input type="checkbox"/> Manual Chain Drive <input type="checkbox"/> Electric Dump Truck/ Belly Dump <input type="checkbox"/> Electric Trailer <input type="checkbox"/> AP ELEC: (SSOED6GADTBD1.8) <input type="checkbox"/> AP ELEC: (SSOED6GATRL1.8) <input type="checkbox"/> SW ELEC: (SSOED4GADTBD1.8) <input type="checkbox"/> SW ELEC: (SSOED4GATRL1.8)
Bill Code: _____	System Code: _____

Manufactured by: _____	
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 <input type="checkbox"/> High Rise Bulkhead <input type="checkbox"/> Inverted Metal Angle	Top Rail: <input type="checkbox"/> Wood Sideboards <input type="checkbox"/> Metal Top
<input type="checkbox"/> Chamfered (45°) <input type="checkbox"/> High Dog House	
Length: _____	Body Depth or Belt/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	

Tarp Code: _____
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: _____
Rear Flap: <input type="checkbox"/> Standard <input type="checkbox"/> Bow Cap (SNGSORBC)
<input type="checkbox"/> Long w/Buckles (SNGSOLFB) <input type="checkbox"/> Mesh Flap (N/C)
Comments: _____

System Options	<input type="checkbox"/> Wireless Solenoid Kit Upgrade (EDWIRELESS)	<input type="checkbox"/> High Rise Bulkhead Kit (SNGSOHIGH)	<input type="checkbox"/> Stainless Cable (SOSSCBL)
	<input type="checkbox"/> Removable Ends *12" Arch Only (SNGSOREMOVE)	<input type="checkbox"/> Plastic Runner (SORUNNER)	<input type="checkbox"/> 18" Arch (SNGSOARCH18)
	<input type="checkbox"/> Adjustable Extended Rear Bracket (SNGSOADJ)	<input type="checkbox"/> Cab Idler Kit - Chain (SNGSOIC)	<input type="checkbox"/> 22 Oz. Vinyl (SOV22)
	<input type="checkbox"/> 1 Bow Rock Bow System (SNGSORB1)	<input type="checkbox"/> Cab Idler Kit - Belt (SNGSOIB)	<input type="checkbox"/> SHIELD DEDUCTION
	<input type="checkbox"/> 2 Bow Rock Bow System (SNGSORB2)	<input type="checkbox"/> Shaft Support Beam (SO2X4BEAM)	(SNGSHIELDDUDEDUCT)
	<input type="checkbox"/> 24V Elec Upgrade (SO24V)	<input type="checkbox"/> All Wire 4 Gauge Option - AP Only - (167060 x sys. Ft.)	
	<input type="checkbox"/> Elec Doubles Kit (ELDBLOPT)		

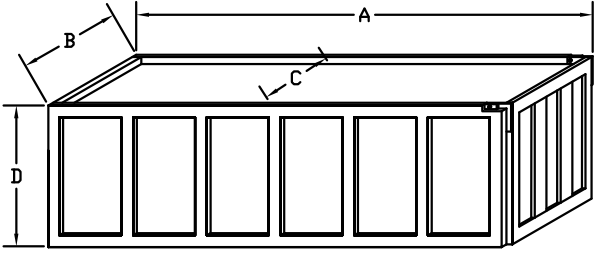
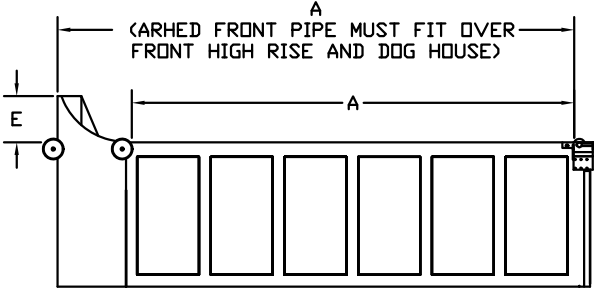
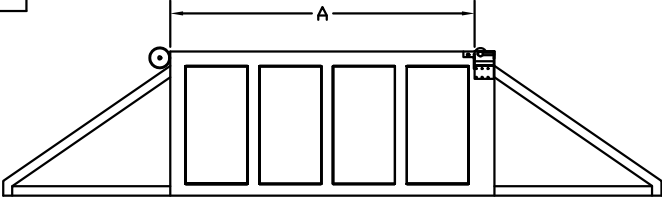
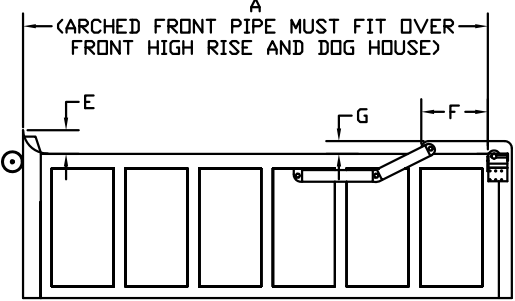
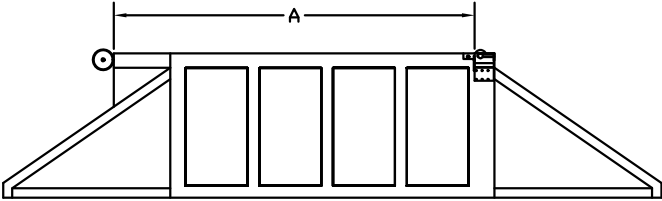
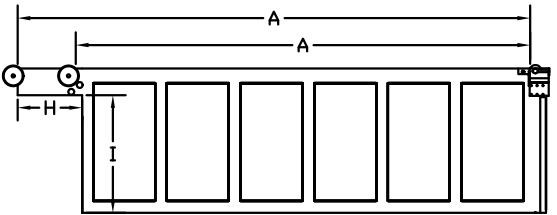
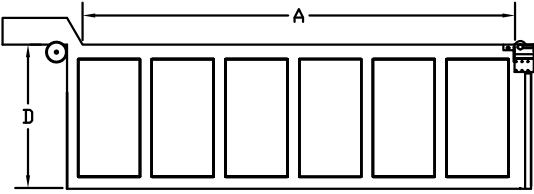
Comments: _____

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: _____