



CTS 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: _____

Bill Code: _____

| | | | |
|---|-------|--|--|
| <input type="checkbox"/> Aluminum Trailer | | <input type="checkbox"/> Steel Trailer | |
| Trailer Manufactured By: _____ | | | |
| Body Information | _____ | Length of Trailer | |
| | _____ | Top Front Outside Width (Max) of Trailer or Body | |
| | _____ | Top Rear Outside Width (Max) of Trailer or Body | |
| | _____ | Front Inside to Inside of Rail (or Sideboards) | |
| | _____ | Rear Inside to Inside of Rail (or Sideboards) | |
| | _____ | Depth of Body (or Chain Length) | |
| If there is a spreader bar or center beam that is level to the top rail, it must be lowered 6" | | | |

Comments: _____

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

Signature: _____ Print Name: _____