

Classic Instruments 826 Moll Dr. Boyne City, MI 49712 800.575.0461

Please complete this form, and e-mail it using the SUBMIT button at the bottom!

Customer Contact Information:			Concept Sketch (draw or attach file):			
Name:						
Address:						
						
Phone:						
Alternate Phone:						
Email:						
Payment Method:						
Year/Make/Model:						
Date required:						
Earliest Ship Date:			Add sheets if necessary			
Special Notes:						
		GI	RAPHICS			
Proof Requirements:	Concept	Detailed	Pictures or Examples Received?			
Original Restoration or N	Modernized?		(Describe below)			
Colors Defined? (Des	scribe)					
Gauges Required and Ra						
Speedometer: Size:			Range:Pointer:			
Tachometer: Size:			Range: Pointer:			

Fuel:	Direction?		Size:	Range:	Pointer:			
Oil Temp:	Direction?		Size:	Range: _	Pointer:			
Water Temp: Direction?		Size:	Range:	Pointer:				
Oil Pressure: Direction?			Size:	Range:	Pointer:			
Other Indicators/Gauges Required? If yes, describe:								
High Beam Ind	icator Required	?	Turn Signa	l Indicators F	Required?			
Glass Shape: Diffuser Color:			Bezel Type/Color:					
			DE	SIGN				
Engine:Transmission:								
Transmission S	Sending Unit (if r	necessary):						
Fuel Sender Re	Temp Sender Threads:							
Customer Supp	olied Parts?	If yes,	describe:					
*If yes, Shipping Insurance Value of Supplied Parts?					*Insurance on completed gauges and returned old parts may increase shipping cost			
*If yes, do you	want the old pa	arts back?			returned old parts may increase shipping cost			
Any parts that	require chrome	plating?	If yes, desc	cribe:				
Special Process	s Parts that may	require addition	al lead time	? If yes, des	scribe:			
Special Notes:								
Return comple	eted form to Cus	toms Dept. email	at <u>customs</u>	@classicinst	truments.com) or press			
•		on manufacturing nd signed proof is	•	ents at the ti	ime of the order. Expected completion time will			
Office Use Only:	Deposit Received?	·	Date:		Amount:			
Custom Sales Orde	er Created?	CSO#:						