

New Image Upholstery & Custom Seats

PAYMENT INFORMATION:

Money Order: _____

Credit Card: _____ (Must Fill Out Page 2 and Send)

Photo Request: EMAIL

TEXT Message

We will send you a picture via email or MMS (text) of your finished product prior to shipping. New Image Upholstery will not be responsible if a Picture Message incurs any costs from your cell carrier.

Billing Address:

Name: _____

Address: _____

City: _____ ST: _____

ZIP: _____

Phone: _____ Cell _____

Email: _____

Shipping Address:

Same as Billing Address?

Yes No

Name: _____

Address: _____

City: _____ ST: _____

ZIP: _____

Rider and Motorcycle Information:

Height: _____ Weight: _____ Waist: _____

We ask for this information to insure that we fit your seat to you!

Manufacturer: _____ Model: _____

Year: _____ Color: _____

PLEASE PRINT OUT A WORKSHEET AND INCLUDE TO HELP US SERVE YOU BETTER

Product: _____ (Please Fill Out and Include One Paper for Each Item Ordered)

Material: _____ (Please Include Material Name, Gallery, and Number if Applicable)

Two-Tone? Yes If Yes Second Material Color: _____
No

Embroidery Options

Logo: _____ (Custom Logos Can Be Submitted But Will Incur Digitizing Fees) LED Yes No Color: _____

Logo Location: _____ (Refer To Location Guide)

Color Of Logo: _____ Two-Tone No Yes Bottom Color _____

Lettering: _____ (Type Exactly As You Would Like it To Appear) LED Yes No Color: _____

Alphabet Choice: _____ (LED Is Only Available In A Block Letter and Limited by size call for details)

Color: _____ Two-Tone No Yes Bottom Color _____ Lettering Location _____

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To Our Valued Customers:

Nationwide Payment Solutions require certain security measures to accept payment on your card. To be in compliance we must have this receipt signed as an authorization to process your purchase. We must be able to provide this document if requested by Nationwide Payment Solutions. All this information will be kept confidential and stored in a secure location. If you have any questions please call us at (717) 495-9934.

Thank you for your continued trust and confidence.

I/We authorize New Image Upholstery to charge the total balance to my/our credit card.

Company: _____ Title: _____

Name on Card: _____

Billing Address: _____

City: _____ ST _____ Zip _____

Signature: _____

Print Name As Signed: _____

Card Type:



Card Number: _____ Expiration: ____/____ (MM/YY)

CVV#: _____ (3 Digit Number Found on the back of your Card)

New Image Seats
Phone: (717) 495-9934

101 Rose Lake Dr
Conway SC, 29526
Email: Lee@newimageuph.com