



CUSTOMER ORDER FORM
PARADRIVE AUTOMOTIVE SEATS

PH: 03 5278 5300 FAX: 03 5272 1733

Order No: _____

NB One sales order per vehicle please

Date: _____	Order No. _____	Name: _____
Make: _____	Build Date: _____	Address: _____
Model: _____		Phone: _____
Current Seat: (✓ X) Bucket <input type="checkbox"/> Seat and a 1/2 <input type="checkbox"/> Bench <input type="checkbox"/>		Fax: _____
Sales Person: _____		

SEAT CUSHION(S) & BACK(S) TYPE WITH LUMBAR SUPPORT	CUSHION				BACK			
	Paraswift	Paratour	Parasport	Pararally	Paraswift	Paratour	Parasport	Pararally
Driver (D) Passenger (P)								
STANDARD MATERIALS								
Polyester Fabric Trim (code)								
Leather Trim (code)								
Velour Trim (code)								
Vinyl Trim (code)								

(✓ X) Seat tracks with adjustment bar D P Inner(s) Only D P Base Frame D P

Tilt Forward: D Inboard Outboard P Inboard Outboard

Adjustable Armrest: D Inboard Outboard Bracket only Armrest Component only

P Inboard Outboard Bracket only Armrest Component only

Protective Seat Cover: D P Material Code: _____ Head Pillow D P Material Code: _____

Protective Leather Bolster Capping: D Material Code: _____ P Material Code: _____

NON STANDARD MATERIALS (Refer attached diagram)	DRIVER		PASSENGER	
	Insert Code	Surround Code	Insert Code	Surround Code

Other: _____

PRICE	DRIVER	PASSENGER	Supplied by: _____ Fitting Required: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Time: _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> SOURCE ✓ Tick <input type="checkbox"/> Brochure <input type="checkbox"/> Show <input type="checkbox"/> Word <input type="checkbox"/> Magazine <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other </div>
Seat(s)	\$ _____	\$ _____	
Protective Bolster Capping(s)	\$ _____	\$ _____	
Adjustable armrest(s)	\$ _____	\$ _____	
Protective Seat Cover(s)	\$ _____	\$ _____	
Head Pillow(s)	\$ _____	\$ _____	
Base Frame(s)	\$ _____	\$ _____	
Seat Track(s)	\$ _____	\$ _____	
Tilt Forward	\$ _____	\$ _____	
Fitting	\$ _____	\$ _____	
Other	\$ _____	\$ _____	
Freight	\$ _____	\$ _____	
Sub Total	\$ _____	\$ _____	
Total (Driver and Passenger)	\$ _____	\$ _____	
Less Deposit	\$ _____		
Balance Owing	\$ _____		
Date Paid (in full): _____ Receipt Number: _____			

PLEASE NOTE: All work must be paid for on completion unless prior arrangement is made with Management. All vehicles are garaged at owner's risk.

Office use only	Issued to manufacturing: / /
Shipped: / /	Expected completion date: / /