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Address
2019 E Endeavor St. Suite B
Idaho Falls, ID 83401

Order Date: _____
*Date Needed: _____
Invoice No: _____

Custom Trim Order

BILL TO: _____ SET OUTSIDE YES NO
 JOB NAME: _____ JOB ADDRESS: _____
 PLACED BY: _____
 PHONE NO. _____

Gauge: _____ LF: _____ Color: _____	Gauge: _____ LF: _____ Color: _____	Gauge: _____ LF: _____ Color: _____
[Grid area for item details]		

1st Check	Mid Check	End Check	1st Check	Mid Check	End Check	1st Check	Mid Check	End Check
Blank Size: _____ Each: \$ _____			Blank Size: _____ Each: \$ _____			Blank Size: _____ Each: \$ _____		

Gauge: _____ LF: _____ Color: _____	Gauge: _____ LF: _____ Color: _____	Gauge: _____ LF: _____ Color: _____
[Grid area for item details]		

1st Check	Mid Check	End Check	1st Check	Mid Check	End Check	1st Check	Mid Check	End Check
Blank Size: _____ Each: \$ _____			Blank Size: _____ Each: \$ _____			Blank Size: _____ Each: \$ _____		

**Not a guaranteed completion date
 Your signature below states you accept this order as it is drawn
 MUST BE SIGNED FOR THE PROCESSING OF YOUR ORDER

Sign & Date: _____

Subtotal \$ _____
 Sales Tax (6.0%) \$ _____
Total \$ _____