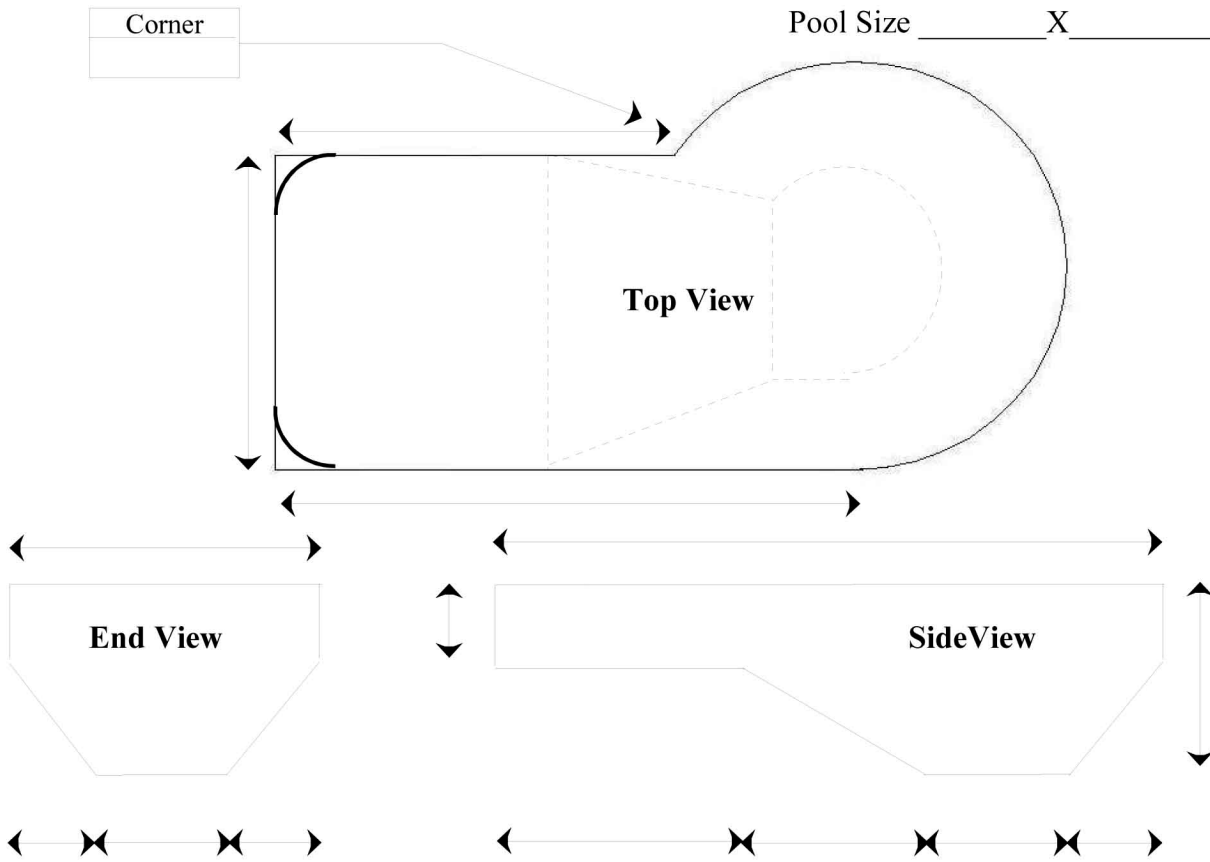


**PARTSWERX INC**  
**68 PRINCE CHARLES ROAD**  
**BRANTFORD, ONTARIO**  
**TEL: 519-751-4100 FAX: 519-751-4105**

**SPECIAL LINER ORDER FORM**

Dealer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 City: \_\_\_\_\_ P.C. \_\_\_\_\_ Your Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ P.O.: \_\_\_\_\_ Tag: \_\_\_\_\_

## Monaco Reverse



|                        |                                     |                    |                        |
|------------------------|-------------------------------------|--------------------|------------------------|
| <b><u>Corners:</u></b> | <b><u>Beading:</u></b>              | <b><u>Mil:</u></b> | <b><u>Pattern:</u></b> |
| Size: _____            | Yes: _____ 30 Mil: _____            |                    | Wall: _____            |
| Type: _____            | No: _____                           |                    | Floor: _____           |
|                        | Bowled Hopper: Yes: _____ No: _____ |                    |                        |
| Perimeter: _____       | Manufacturer: _____                 |                    |                        |

Office Use Only

Serial #: \_\_\_\_\_

Advised: \_\_\_\_\_

Ship By: \_\_\_\_\_

Price: \_\_\_\_\_

Net: \_\_\_\_\_

PST: \_\_\_\_\_ GST: \_\_\_\_\_