



Billing Address:

Name: _____
Address: _____
City: _____ ST: _____
ZIP: _____
Phone: _____ Cell _____
Email: _____

PAYMENT INFORMATION:

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

Shipping Address:

Same as Billing Address?
__ Yes __ No

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.

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 _____

New Image Seats
Phone: (717) 495-9934

3300 Holmestown Rd
Myrtle Beach SC 29588



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)

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