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V E S S O

Surfboards

Name: (First) _____ (Last) _____		Date: (Order) _____ (Due) _____		Serial #:
Weight:	Height:	Phone/Contact/Email:		
Board Length:	Width:	Thickness:	Tail Design:	
Surf spot/How many times you surf:	Wave Size:	Ability: Pro / Advanced / Intermediate / Beginner		

Volume: _____

File #: _____

Rails: Tapered Med Tap Medium Med Full Full	Model: _____
	Blank: _____
	Rail: _____

Glassing:

Top: 6oz + 4oz / Bottom: 4oz	Sanded
Top: 4oz+ 4oz + 4oz Tail Patch/ Bottom: 4oz	Gloss Polish
Top: 4oz + 4oz / Bottom: 4oz	Shop Finish
Top: 4oz+ 3/4 4oz deck patch / Bottom: 4oz	Shop Finish Polish
Top: _____ Bottom: _____	Other: _____

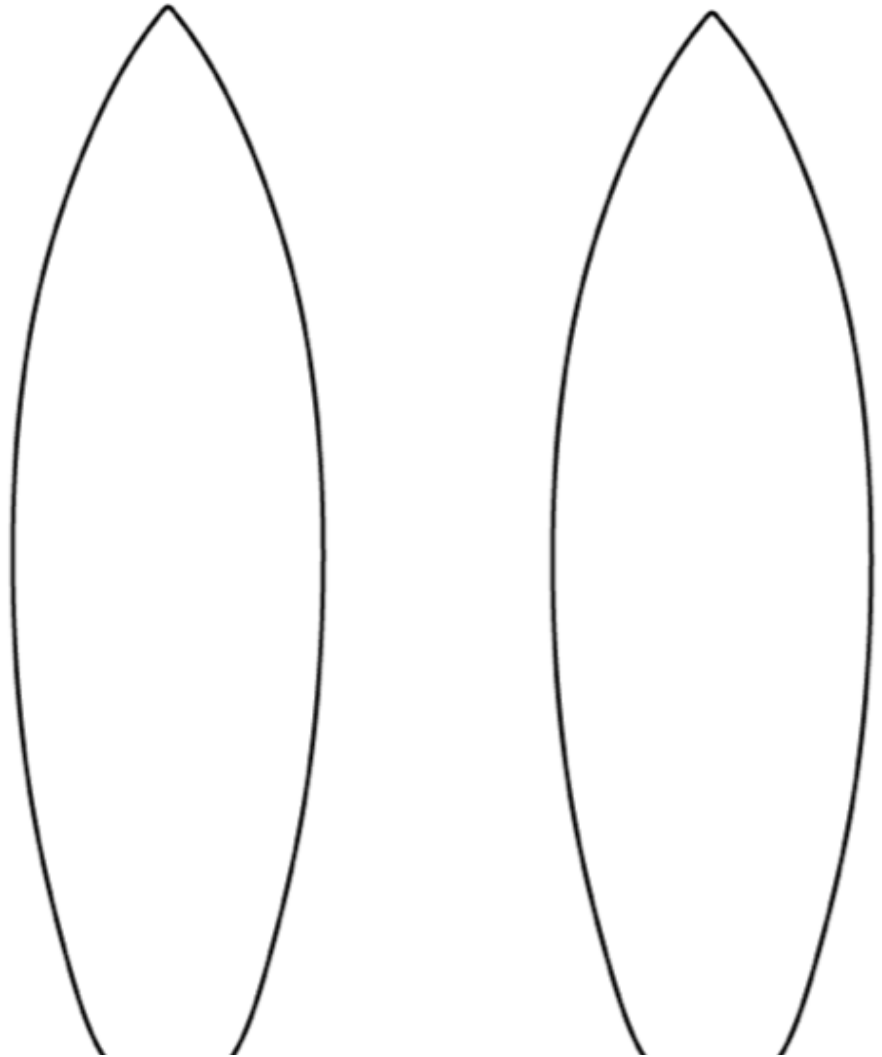
Special Instructions

Current Surfboard:

T-

Top

Bottom



AIRBRUSH	TINT	PIGMENT
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	In	Out
Glasser:		
Shaper:		

	By	Date	Price
Total:			
Deposit:			CA CK#
Balance:			
Paid In Full:			CA CK#

Fin Box Color: _____

Thruster: Quad: 5 Fin: Twin fin: Single:

Futures: FCS II: Fusions: Other: _____