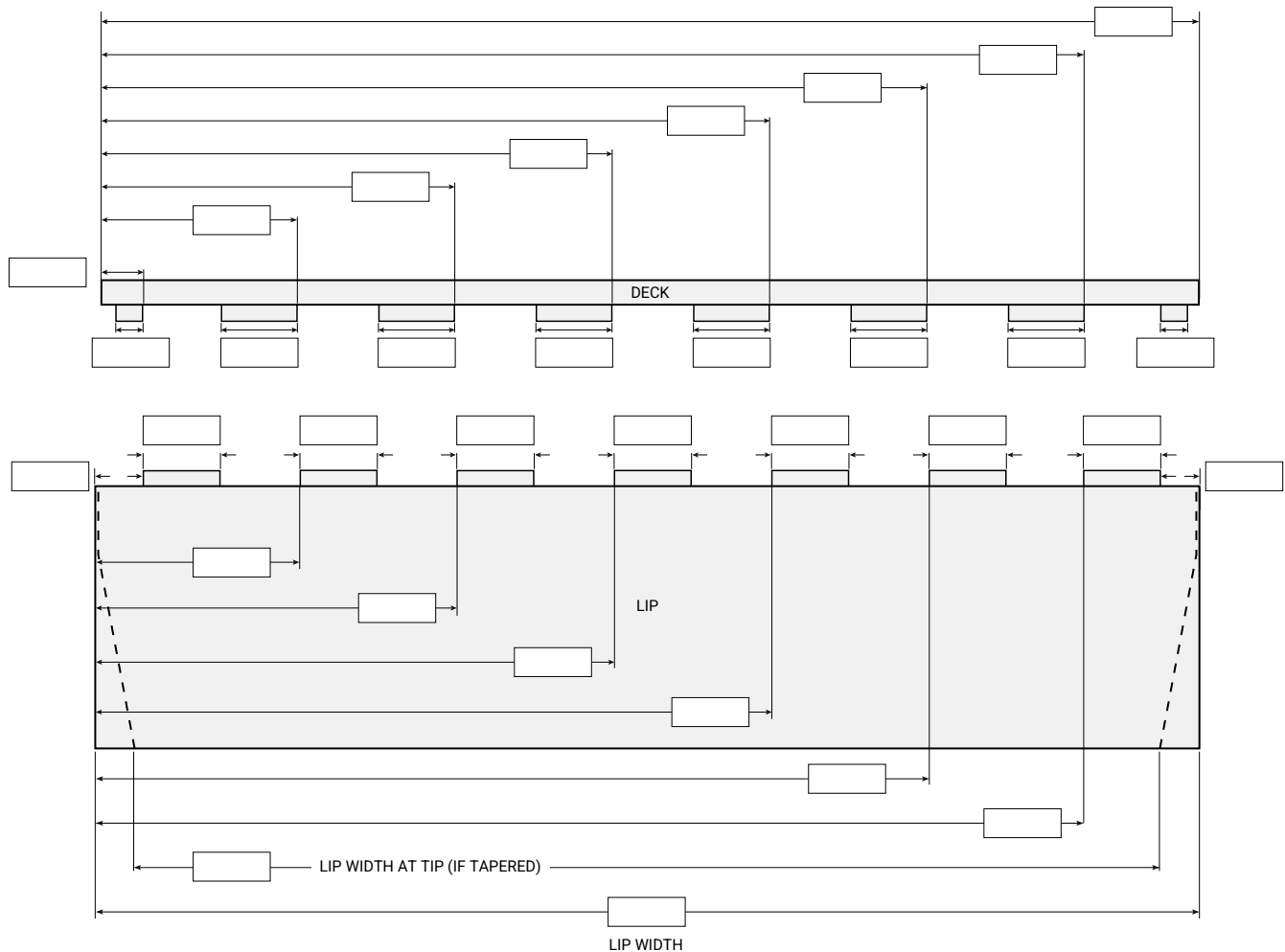
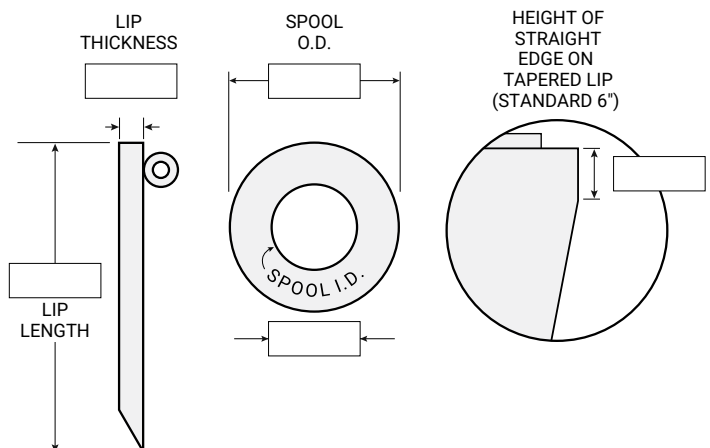


THIRD-PARTY LIP REPLACEMENT



Date:
Lip Measured by:
Company:
Authorized by:
Gusset Required: Yes ☐ No ☐
Purchase Order #:
Client:
Project:
Authorized Signature:



Please review drawings and email back. Order will be on hold until drawings are received.

FOR INTERNAL USE ONLY

DATE RECEIVED: