

CUSTOM UBOLT ORDER FORM

Dear Customer,

Thank you for choosing Uboltsdirect.com. In order to process your order, we will need this form returned to us with your dimensions, along with your signature. Ubolts are non-returnable.

When completed, please fax to 518-562-0277, or mail to the address shown below.

Step 1: Please fill in the required measurements

| | |
|---|---|
| <p>Round Bend Square Bend Semi-Round / Special Bend</p> | <p>(A) Rod Diameter: _____</p> <p>(B) Inside Width: _____</p> <p>(C) Inside Length: _____</p> |
|---|---|

Step 2: Please check the box of the appropriate bend:

| Round | Square | Semi-Round | Other* |
|--|--------------------------|--------------------------|--------------------------|
| | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>*If Bend is other than what is shown, we will not be held responsible for custom bends.</p> | | | |

Step 3: Ordering Information:

Please check box if you would like to order:

Deep Nuts Flat Washers Quantity Requested: _____

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Name: _____

| Billing Address: | Shipping Address: |
|------------------|-------------------|
| | |

CUSTOM UBOLT ORDER RELEASE

Please be advised that in placing this order for custom manufactured merchandise you are accepting full responsibility for the correctness and accuracy of all pertinent ordering information. Further, be advised that by filling out and signing this form you are affirming the correctness and accuracy of the information contained herein and authorizing Plattsburgh Spring, Inc. to order this custom merchandise. Once this form has been signed, the purchaser assumes full responsibility for paying for the custom merchandise and no refund will be issued unless it can be shown that any errors or defects were the fault of the manufacturer or Plattsburgh Spring, Inc. and not caused by erroneous information.

As a rule, special orders cannot be cancelled once the order is placed. All special orders are subject to freight and handling charges.

No returns will be accepted.

Authorized Signature: _____ Date: _____

Print Your Name: _____

Company (if applicable): _____