

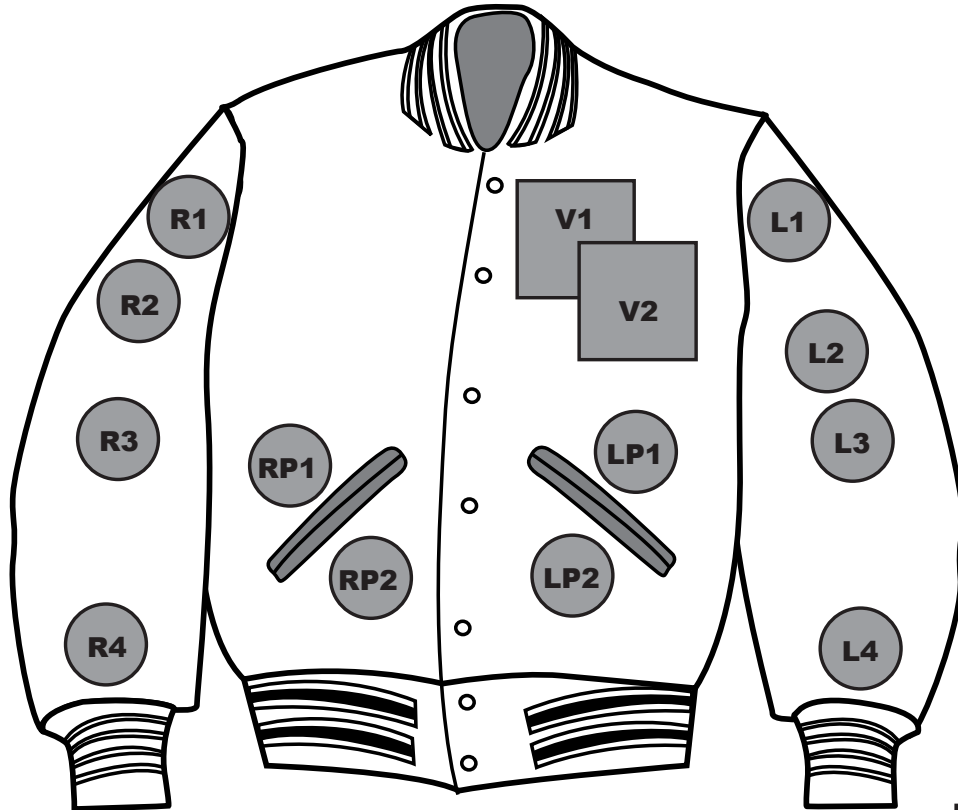
AFFILIATE STORE NAME _____

CUSTOMER NAME _____ DATE _____

PHONE _____

EMAIL _____

PATCH LAYOUT



- | | | | |
|-------------------|-------------------|--------------------------|---|
| 1) LOCATION _____ | DESCRIPTION _____ | <input type="checkbox"/> | * |
| 2) LOCATION _____ | DESCRIPTION _____ | <input type="checkbox"/> | * |
| 3) LOCATION _____ | DESCRIPTION _____ | <input type="checkbox"/> | * |
| 4) LOCATION _____ | DESCRIPTION _____ | <input type="checkbox"/> | * |
| 5) LOCATION _____ | DESCRIPTION _____ | <input type="checkbox"/> | * |
| 6) LOCATION _____ | DESCRIPTION _____ | <input type="checkbox"/> | * |

* CHECK BOX IF CUSTOMER IS SUPPLYING PATCH.

ADDITIONAL INSTRUCTIONS