



951-737-0383
 CONTACT US M-F 8AM -4PM
 D'Alesio Inc.
 11620 Sterling Ave. #A
 Riverside, CA 92503

Order Date: _____

SCABBARD ORDER FORM

Scabbard Style	Swivel Style	Color	Belt Style	Normal Belt Size*	Belt Width
Drop In Pick Head 4# <input type="checkbox"/>	Roller <input type="checkbox"/>	Natural <input type="checkbox"/>	Roller Buckle <input type="checkbox"/>	32" <input type="checkbox"/>	2" <input type="checkbox"/>
Drop Out Pick Head 4# <input type="checkbox"/>	Friction <input type="checkbox"/>	Black <input type="checkbox"/>	Velcro <input type="checkbox"/>	36" <input type="checkbox"/>	3" <input type="checkbox"/>
Drop In Pick Head 6# <input type="checkbox"/>	Removable <input type="checkbox"/>	Brown <input type="checkbox"/>	Truck <input type="checkbox"/>	40" <input type="checkbox"/>	Custom _____ <input type="checkbox"/>
Drop Out Pick Head 6# <input type="checkbox"/>	No Swivel <input type="checkbox"/>	Custom*** <input type="checkbox"/>	Custom *** <input type="checkbox"/>	44" <input type="checkbox"/>	
Drop Out Flathead 6# <input type="checkbox"/>	Custom*** <input type="checkbox"/>			50" <input type="checkbox"/>	
Drop Out Flathead 8#** <input type="checkbox"/>				Custom _____ <input type="checkbox"/>	
Drop In Pig <input type="checkbox"/>	***Additional Charge for Customization			*We compensate for Turnouts	
Drop Out Pig <input type="checkbox"/>	Bolt On <input type="checkbox"/>		Indicate if you are:	Left Handed <input type="checkbox"/>	**We recommend the 3" for Axe over 6#
Drop In Piglet <input type="checkbox"/>				Right Handed <input type="checkbox"/>	
Drop Out Piglet <input type="checkbox"/>					
Drop In Pick Head-Iron Fox** <input type="checkbox"/>	QUANTITY: _____				
Drop Out Pick Head- Iron Fox** <input type="checkbox"/>					
Drop In Flat Head-Iron Fox** <input type="checkbox"/>	P.O. NUMBER: _____				
Drop Out Flat Head-Iron Fox** <input type="checkbox"/>					
Drop Out Exposed Pick 6# <input type="checkbox"/>	Special Instructions: Name or Initials Stamped, No Charge For Standard Font (Saddlebag)				
Drop In Axe Cradle <input type="checkbox"/>					
Drop Out Axe Cradle <input type="checkbox"/>	Customer Signature				
Drop In Axe Cradle HD <input type="checkbox"/>					
Drop Out TnT <input type="checkbox"/>					
Drop In Badaxx <input type="checkbox"/>					
Drop Out Badaxx <input type="checkbox"/>					
Custom*** <input type="checkbox"/>					

NAME: _____
 ADDRESS: _____

 PHONE: _____
 CELL PHONE _____
 EMAIL _____

VISA [] MASTERCARD []
 Acct. Number: _____/_____/_____/_____
 Expiration: _____/_____
 CVV/CSC Code: _____
 Check the back of your card for the 3 digit security code (CSC), card verification value (CVV or CV2), or card verification code (CVC)

Email Form to: dean11620@dalesiogrp.com