

General Order Form - BCT Stippling

Customer Name: _____
Frame Type: _____
Order Number: _____
Phone: _____
Email: _____
Ship Date: _____
Serial Number: _____

Return Address : _____

Social Media Username: _____
(If used to consult with BCT) _____



Has The Frame Been Previously Modified? _____

Stipple Texture

- | | | | | |
|---------------------------------|------------------------------------|--------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Oculus | <input type="checkbox"/> Noir | <input type="checkbox"/> 8-Bit | <input type="checkbox"/> Fishnet | <input type="checkbox"/> White Noise W/ Animal Prints |
| <input type="checkbox"/> Gator | <input type="checkbox"/> Valentine | <input type="checkbox"/> Trilo | <input type="checkbox"/> White Noise | <input type="checkbox"/> Other: _____ |

Grip Mods And Other Features

Please list all desired grip work after email consultation with BTCorders@km3solutions.com

BCT Estimate For Listed Work : _____

Parts Shipped With Project (Please name ALL included parts)

Customer Signature _____
(Necessary for the hard copy submission)

Date _____