## Custom Design Fall Arrester<sup>™</sup>Harness No.DE-6001 Worksheet

Distributor Contact Information:  Name:					Customer Information:				
E-mail: Ph:					Street Address:				
PO. No.: Date:				City:		State:	Zip:	$\dashv$	
Quote By: SAS Sales Person: Phone				Phone:				$\dashv$	
☐ Jay@superanchor.com 608-931-8465									
Paul@superanchor.com 425-508-8685					Ship to Name:				$\dashv$
☐ Todd@superanchor.com 425-308-0193					Street Address:				_
<u> 1000@</u>	superari	CHOLCO	111 425-	-306-0193	City:		State:	Zip:	
Specify Standard Size Sm				Ordering Instructions:  Mark your choices with an "X" in the space provid  1) Mark harness size, webbing color for frame, cleand leg straps and enter in Table 1. Specify numof harnesses in yellow box  2) Complete Customer Information, Shipping Information and send form to SAS sales person e-mail for a quote				ne, cho numb ng	
Black				Black	Tan  3) Upon receiving your quote, sign the "Authorized and enter date. Mark Payment Method section are				
Silver				_			•	ent Method sect In with a purchas	
Green							•	•	
Olive				Silver	Specify Shipping Option  Free UPS ground in the continental US.				
Гаn					☐ Will Call Monroe WA. ☐ Next Day Air				
Blue Green						2nd Day Air		IPS Reg. Ground	
	No.DE-60 vielectric F			Green	Frame————————————————————————————————————	☐ Canada	returned ar	☐ Alaska  ders may not kend require 100  nt and writter  nits	<b>)</b> %
					Strap		Custom Fee △20.00 Per		
							Harness Cos	st	
					The same		Subtotal		
					В	Back-Strap	Sales Tax		
Dielectric D-ring					V	Leg	Shipping		
						Straps	Total		
		COMMISSION					△No fee 10 un  Paymen  Crec	t Method:	unt

Super Anchor Safety Sales Office, Monroe, WA 425-488-8868 Authorized