

HELMET REFINISHING SERVICE

Please fill out the form below and include it with your order. An invoice will be emailed to you after the order has been received and inspected.

Order Details					
Total Number of helmets	Helmet Model _				
New helmet color(s)				Matte \Box	Gloss 🗌
New facemask color					
New Chinstrap (Unless specified, new chinstraps will be a Spo	Yes 🗌	No 🗌	If yes, wl	hat color	
Visor	Yes \square	No 🗆	If yes, wl	hat color	
3D Bumpers	Front \square	Back□	None 🗆		
(Visit 3CCARMY.com/accessories for 3D Bump	er options)				
CUSTOMER & SHIPPING INFO					
Name					
Team					
Address					
City State	State				
Phone					
Email					
By signing below, I authorize 3rd Coast Cu acknowledge the turnaround may times we Ship time. Unless prior arrangements are	ustom Helmets to vary but <u>average</u>	o refinish my helm 12-14 Business Da	et/s to the colo	te if all parts are in st	ock, not including
Authorized Signature Printe	ed Name		Date		
		(3CC off	icial use)	Invoiced:	