



Fill Out Contact Information

(All information will be respected and only used for this custom foam project)

Company Name _____

Contact Name _____

Ship-to Address _____

Phone Number _____

Email Address _____

Reference Number _____



Custom Foam Insert Request

Full Size Tracing Attached

Mail To:

Case Club
Custom Foam Department
4765 E Bryson St
Anaheim CA, 92807

Quick Check

Circle "Yes" or "No"

The tracing is to scale (Ratio 1/1) ----- **Yes** No

The depth of each cavity is written in its' corresponding cavity ----- **Yes** No
(The depth of each cutout should be written directly on the paper {inches})

The tracing is clear and concise so we know where to cut ----- **Yes** No

Foam Type

Circle One

Polyurethane (Softer)

Polyethylene (Harder)

Other _____

Additional Comments

Please Note: We will substitute your perimeter for a more accurate one if the insert is going into a stock case that we have. There is a \$10 charge per modification if you decide to modify the layout once production has started.