

PARTS ORDER FORM

BILLING ADDRESS	SHIPPING ADDRESS
CUSTOMER #	Same as billing CA Resale card required for all non-taxable shipments to California
NAME:	NAME:
COMPANY:	COMPANY:
ADDRESS:	ADDRESS:
CITY:	CITY:
STATE: ZIP:	STATE: ZIP:
PHONE: FAX:	PHONE:
EMAIL:	Business Residential Add \$5.00 Fed-Ex surcharge
PAYMENT TYPE Priority overnight	
CARD TYPE AMEX COM	PANY CHECK Standard overnight
MASTERCARD PERSO	ONAL CHECK Second day air
VISA CASH	IERS CHECK Express saver
DISCOVER MC	ONEY ORDER Ground
CREDIT DEBIT	International priority
NAME AS APPEARS ON CARD:	International economy
CARD#	All parts ship Fed-Ex signature required!
CARD EXPIRATION: SECURIT	Y#
VEHICLE INFORMATION	
YEAR: MAKE:	MODEL:
ENGINE SIZE: ELEVATION:	
All sales are final no exchanges or returns are accepted All custom orders must be prepaid with cashiers check. Part # Description Quantity Price	
Part # Description	Quantity
	Freight quote
Please sign x	Date Total

Card holders authorized signature Orders without signature will not be processed