



MARINE SC ORDER FORM

BILLING ADDRESS

NAME: _____

COMPANY: _____

WHIPPLE DEALER #: _____

ADDRESS: _____

CITY: _____ ZIP: _____

STATE: _____ PHONE: _____

FAX: _____

EMAIL: _____

SHIPPING ADDRESS (IF DIFFERENT THAN BILLING)

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ ZIP: _____

STATE: _____ PHONE: _____

PAYMENT (MUST BE PREPAID BEFORE SHIPPING)

COMPANY CHECK PERSONAL CHECK

CASHIERS CHECK MONEY ORDER

CREDIT CARD: AMEX M/C VISA

DISCOVER

CARD TYPE: CHARGE CARD DEBIT

CARD #: _____

CARD EXPIRATION: _____ SECURITY # _____

BOAT INFORMATION

MAKE: _____

MODEL: _____

LENGTH: _____ YEAR: _____

ENGINE SIZE: _____

SINGLE DUAL TRIPLE

GEAR RATIO: _____ PROP MODEL: _____

PROP PITCH: _____ CURRENT MAX RPM: _____

ENGINE HOURS: _____

ELEVATION: _____

WHAT OCTANE FUEL ARE YOU GOING TO RUN?

100+ 91-94 OTHER

MODIFICATIONS TO ENGINE (IF MODIFIED FROM STOCK)

EXHAUST TYPE: _____

PCM UPGRADES: _____

CYLINDER HEADS: _____

CAMSHAFT: _____

IGNITION: _____

STATIC COMPRESSION: _____

ADDITIONAL NOTES INCLUDING OTHER

MODIFICATIONS: _____
