CLEAR FORM

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

CARD TYPE
AMEX ☐
MASTERCARD ☐
VISA ☐
DISCOVER ☐
CREDIT ☐ DEBIT ☐

COMPANY CHECK ☐
PERSONAL CHECK ☐
CASHIERS CHECK ☐
MONEY ORDER ☐

NAME AS APPEARS ON CARD:
CARD#
CARD EXPIRATION: SECURITY#

Priority overnight ☐
Standard overnight ☐
Second day air ☐
Express saver ☐
Ground ☐
International priority ☐
International economy ☐

All parts ship Fed-Ex signature required!

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
		Freight quote	
Please sign x		Date Total	

Card holders authorized signature Orders without signature will not be processed

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