



# Order Form

Date: \_\_\_\_\_

<b>Bill To:</b> Customer ID#: new				<b>Ship To:</b> <span style="float:right">Drop Ship: <input type="checkbox"/></span> same					
<b>Contact Name:</b>				<b>Attn:</b>					
<b>Email Address:</b>				<b>Method of Payment:</b> <input type="checkbox"/> Acct   <input type="checkbox"/> COD*   <input type="checkbox"/> Credit Card					
<b>Phone:</b>		<b>Fax:</b>		<b>Name on Credit Card:</b>					
<b>Credit Card Billing Address:</b>									
<b>Credit Card Type &amp; Number:</b>						<b>Expiration Date:</b>			
						<b>CVV Code:</b>			
		<i>CHASSIS</i>					<i>Lift</i>		
<i>Qty</i>	<i>Part #/Description</i>	<i>Year</i>	<i>Make</i>	<i>Engine Size</i>	<i>Gas or Diesel</i>	<i>Trans Code</i>	<i>Personal Commercial</i>	<i>Cost* ea.</i>	

Tax will be added for CA orders unless accompanied by a resale certificate. S&H additional  
\*There is an additional \$10.00 UPS fee for COD

**Shipping Method:** shipping is via ground service prepay and add unless otherwise specified

Check One:     Ground     Next Day Air     2<sup>nd</sup> Day Air     3<sup>rd</sup> Day Air

Comments: \_\_\_\_\_ PO#: \_\_\_\_\_

Date Requested In-House: \_\_\_\_\_ Signature & Title \_\_\_\_\_

**Please Fax your signed copy back to 530-823-1516**