



PARTS ORDER / REPAIR FORM

Item: _____ Price: _____
 Item: _____ Price: _____
 Item: _____ Price: _____
 Item: _____ Price: _____

Ship Method:	UPS Ground	UPS 3 day	UPS 2 day	UPS Priority Overnight	Shipping Acct #: _____	
	Fedex 3day	Fedex 2day	Fedex Priority Overnight	DHL Ground	DHL 2 day	DHL Next Afternoon

Note: Freight charges and sales taxes whenever applicable will be added. Please call for an estimate.

<u>Cardholders Billing Address</u>	<u>Shipping Address (if different)</u>
_____	_____
_____	_____
_____	_____
_____	_____
Home Ph #: _____	Home Fax #: _____
Business Ph #: _____	Business Fax #: _____
Email Address: _____	

Mastercard	Visa	AMEX	COD
Cardholders Name: _____ (As it appears on the card.)			
Card #: _____		Card Expiration Date: _____	
Card ID #: _____ (CID #: Three digit #, that follows card # on back of card)			
Bank Card issued by: _____		800# on back of card: _____	
Cardholder's Signature: _____			Date: _____

Please fax completed form to 978.784.1717
 A credit card card receipt will be mailed to you.