

Order Form



Complete this form and fax to 0064-9-294-6276

Name:					
Delivery Address:					
Telephone:					
Fax:					
E-mail:					
Model Name:					
Chassis Number					
Quote Number					
Parts Required:	<b>QTY</b>	<b>Part #</b>	<b>Type</b>	<b>Description</b>	<b>\$*</b>
	<b>TOTAL \$NZ</b>				
	Please confirm delivery of this fax message and return receipt details of payment				
	<b>Please charge \$NZ to my Credit Card</b>				
Membership Details:	- - -	Expiry Date:			
Comments:					
Credit Card Number:					
Name on Card					
Expiry Date					
Signature:					