

Part Order Form

Business Name: _____

First Name _____ Last name _____

Shipping Address: _____

City: _____ State _____ Zip _____

Phone Number: (_____) _____ - _____

I would like text updates: _____

Text phone number (_____) _____ - _____

Email address: _____ @ _____

I would like email updates: _____

Year: _____ Make: _____ Model: _____

Parts: please indicate all necessary information to expedite your order

1) _____

2) _____

3) _____

4) _____

Please use another order form if more parts are needed-

Billing address: Same as shipping ?Yes/No

Business name: _____

First Name _____ Last Name: _____

Payment:

Please invoice me on PayPal: _____ @ _____

I authorise my card to be charged for the order stated above-

Credit Card #: _____ - _____ - _____ - _____

Exp: _____ / _____ CVC Code: _____

I am an authorised user of this account

Signature _____ Date ____/____/____

When complete, send form to usautopartskentucky@gmail.com

or

Fax to 866-545-4881