

CHECK LIST FOR PHONE ORDERS

Fax back to 386-258-2114

Your full name: _____ circle one
JR SR

Full Company Name: _____
Include Inc, or LLC

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone # Home: _____ Office: _____

Cell: _____ Fax: _____

E-Mail : _____

State: _____ DL: _____ DOB: _____
*****Temp plates require DL information

Circle One/or Both: Mail Email Fax (Copy of Estimate and Deposit Receipt)

CREDIT CARD INFORMATION

Card Number: _____ Circle one: Visa M/C Am/Ex Disc

Expiration: _____ 3 digit # Security code on back _____

Name as it appears on card: _____ Authorized deposit amount: _____
Circle if same

Notes: _____

Signature of cardholder: _____ This is a non-refundable deposit

Credit Card Street address number: _____ Credit Card Zip Code: _____

Certificate of Origins and (or) titles are held in at our dealership un-till trailer is paid in full.
Payment in full on delivery requires a Cashier's check; Money Order, wire or payment in full prior to delivery

