

NAME___

QTY

ITEM#

NAME, ADDRESS & PHONE CUSTOMER NUMBER-Enter Number shown on mailing label PRIORITY NUMBER - Enter Number shown on back of catalog BUSINESS NAME _____ CITY______STATE _____ ZIP____ DAYTIME PHONE () FAX NUMBER () _____ E-MAIL ADDRESS ____

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______ STATE ______ ZIP_____

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Body Style					
Body StyleCoupe, Conv., Sedan, Wagon					
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			Total Merchandise			
METHOD OF PAYMENT			Shipping And Handling (See Chart)			
Personal Check (Name, Address and Check # must be imprinted on check)			Package Protection			
Money Order or Bank Check Enclosed (Check or money order payment must be in U.S.				Plan (See Chart)		
funds only and drawn on U.S. bank only)				Subtotal: Merchandise & Charges		
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Charge My: Visa MasterCard	Discover Am	erican Express				
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Signature (As It Appears On Card)			Total Amo			

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SIZE

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