

Perfect brake job. Every time.



Total # of pages: \_\_\_\_

**FAX TO:** 603.298.8404

## **ORDER FORM / LEASE APPLICATION**

SHOP NAME:			DATE:		
Contact:					
EMAIL:	PHO	NE:	FAX:		
BILL TO:		SHIP TO:			
ADDRESS:		ADDRESS:			
CITY: STATE: _	ZIP:	CITY:	S <sup>-</sup>	ТАТЕ:	ZIP:
		CNI#, /If dalistana	d)		
*SHIPPING & HANDLING		SN#: (IT delivered	a)		
U.S. & Canada (except Alaska & Hawaii) \$195 per lathe/package	Item No.	Description	Qty.	Price	Total
Alaska & Hawaii \$350 per lathe/package					
*Sales Tax Product orders are NH sales. State use tax, if applicable, is the responsibility of the buyer.					
Payment Method					
BILL ME (Net-30) PO#:				Subtotal:	
LEASE (Application form below)			*Shipping 8	& Handling:	
CHECK ENCLOSED				*Sales Tax:	
MC OVISA OAMEX ODIS				TOTAL:	
CARD EXP: SIGNATURE O					
ECURITY CODE: NAME	AS IT APPEARS ON	CREDIT CARD:			
Lease Application	(Complete below	v only if leasing) PHO	ONE (if different than abo	ove):	
EGAL NAME/ADDRESS if different than above)			FAX (if different than ab	ove):	
Principal name:				D.O.B.	
HOME ADDRESS:					
HOME PHONE #:					
YEARS IN BUSINESS:	TIME UNDER CUI	RRENT OWNER:		PROPRIETOR	CORPORATION
PARTNERSHIP OTHER (Descri	be)		•		
		e doc fee/first and last pa			
understand this equipment application may be approved by	-	•			counts, and credit information
EASE AUTHORIZED SIGNATURE:			DATE:		_

