



Fax Parts Order Form

Ship To:

Customer # _____

Business Name: _____

Business Phone #: () _____

Business Fax #: () _____

Attention: _____

Address: _____

City: _____ State: _____ Zip _____

Country: _____

Method of Shipment:

U.P.S. _____

Regular _____

2nd Day _____

Priority Overnight _____

Other _____

Date Of Purchase Car Wash

____ / ____ / ____

Method of Payment:

Warranty: RGA # _____

P.O. #: _____

C.O.D.: _____

Credit Card Information:

VISA # _____

MASTER CARD # _____

AM EXP # _____

Exp. Date ____ / ____ / ____

Name that appears on Card _____

Signature: _____

Date: ____ / ____ / ____

Notes	Quant	Part #	Description	Cost Per Each Unit	Total Amount

FAX # 718-585-0788

383 CONCORD AVENUE BRONX, NY 10454
718-585-6463 • 800-344-5154 • www.econocraft.com

We reserve the right to make changes without any notice and without any obligations Regarding Prices and Products.

Total:	\$
Sales Tax:	\$
Shipping:	\$
Grand Total:	\$
Deposit:	\$
Balance Due:	\$
Ship Date:	