

\$338.00 Plus Shipping



DATE: _____

Fax To: 661-728-9615

BILLING INFORMATION

NAME: _____

PHONE#: _____ ALT PH#: _____

ADDRESS: _____ SUITE/ APT#: _____

CITY: _____ STATE/ PROV: _____ ZIP: _____

COUNTRY: _____ COUNTY: _____ RESALE#: _____

SHIPPING INFORMATION

NAME: _____ PHONE#: _____

ADDRESS: _____ SUITE/ APT#: _____

CITY: _____ STATE/ PROV: _____ ZIP: _____

VEHICLE INFORMATION

YEAR: _____ MAKE: _____ MODEL: _____

DESIRED RIDE HEIGHT	REAR END HOUSING	PERCH TYPE	INFORMATION
<input type="checkbox"/> + 1"	<input type="checkbox"/> 10-BOLT	<input type="checkbox"/> GM MONO	WEIGHT: _____
<input type="checkbox"/> 0 (STOCK)	<input type="checkbox"/> 12-BOLT	<input type="checkbox"/> GM MULTI	TIRE SIZE: _____
<input type="checkbox"/> -1"	<input type="checkbox"/> 9" FORD	<input type="checkbox"/> 9" FORD	CLASS: _____
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> DANA 60	<input type="checkbox"/> CHRYSLER	HP: _____
DRIVING	<input type="checkbox"/> 8 3/4	<input type="checkbox"/> UNIV MOROSO	TRANS: _____
<input type="checkbox"/> STREET	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> STREET/ STRIP			
<input type="checkbox"/> STRIP			

NOTES

PAYMENT INFORMATION

VISA/ MC: _____

(C.O.D.) MONEY ORDER COMPANY CHECK AUTH: _____

exp. _____ sec: _____