

# INQUIRY & ORDER FORM

NAME:	DATE:
ADDRESS:	PHONE: FAX: MOBILE: E-MAIL:

PARTS REQUIRED FOR:		
year	model	horsepower
chassis no.	body no.	engine no.

*delete one of the following alternatives A) or B):*

**A) PLEASE SUPPLY THE FOLLOWING PARTS:**

**B) PLEASE CONFIRM PRICE AND AVAILABILITY OF THE FOLLOWING PARTS:**

QTY	PART NO.	DESCRIPTION	PRICE EA	TOTAL

**PAYMENT METHOD:**

Cash   
  Cheque   
  VISA   
  MasterCard

card number: \_\_\_\_\_  
 expiry date: \_\_\_\_\_  
 signature: \_\_\_\_\_  
 cardholder (print): \_\_\_\_\_

<b>TOTAL GOODS:</b>	
<b>PACKING:</b>	
<b>COURIER/POST:</b>	
<b>SUB TOTAL:</b>	
<b>ADD GST @ 15%:</b>	
<b>TOTAL ENCLOSED:</b>	

Complete and return by e-mail; or print off blank form and write  
**FAX TO: 07 571 5525 OR MAIL TO: PETER WOODEND (SPARES), P.O. BOX 2245, TAURANGA 3144, N.Z.**  
**EMAIL: [classicityresnz@gmail.com](mailto:classicityresnz@gmail.com)**