

Invoice #: _____



| ORDER FORM

Date: _____

Customer Name: _____

Street Address: _____

City, State & ZIP: _____

Country (if outside USA): _____

Phone: _____

Fax: _____

Email: _____

Credit Card Type (circle one):



Name (as appears on card): _____

Account/Credit Card Number: _____

Exp: _____

CV code: _____



ITEM NUMBER	DESCRIPTION	PRICE EA.	QTY.	TOTAL PRICE
		\$		\$

Comments: _____

Total # of Items Ordered: _____

SUBMIT THIS ORDER VIA:

- PHONE: 714-630-2091
- FAX: 714-630-2092
- EMAIL: info@ronlummusracing.com

Subtotal: \$ _____

Sales Tax: \$ _____

TOTAL: \$ _____