Dealer OrderForm

BROWN'S PLATING SERVICE, INC.

1010 Krebs Station Road, Paducah, KY 42003
Phone (270) 554-1146 Fax (270) 554-1170

Your Business *is* Appreciated

**** Please use a "separate list" for each box you ship ****

Name:		**Date:**
Address:		**Phone#**
		Fax#
		Cell #
City:	**State:**	**Zip:**
E-mail address:		

BILLING INFORMATION

PRINT Name as it appears on your credit card:	**Signature of Credit Card Holder:**

What address does your bill get mailed to ? _____

Credit Card Number:	**Credit Card Type:** (circle one) **Amer. Express / Master Card / Visa**	**Expiration Date** _____

CVV2 code from back of credit card (Visa or Master Card) __ __ __ or 4 digit (American Express) __ __ __ __

JOB # **Purchase Order #**

Year, Make, & Model of Cart (It is very important that you specify this information!)

Quantity	Name of Part	Special Instructions

If more space is needed please list on a blank sheet of paper and attach to this order form.

If we find cracks, dents, etc., in parts they will be returned for your written permission to process, unless we feel it's a shipping damage then we will contact you concerning a claim. If you are aware of flaws in parts please give written permission when you see the part to avoid any delays in the part being plated.

CONTACT NAME
(Person we may contact with any questions about above parts.)

$ **Please provide the Replacement Cost of above parts.**
(We will insure for this amount + cost of plating)