



ORDER FORM

CA OH

ORDER DATE:	JOB CARD:	REF:	FORG:	SALES ORDER:
ORDER BY:	PROD DATE:	INVOICE #:	INVOICE DATE:	

BILL TO: _____	SHIP TO: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____ STATE: _____	CITY: _____ STATE: _____
ZIP: _____ PHONE: _____	ZIP: _____ PHONE: _____

PO#:	NAME:	DISCOUNT:	SHIP VIA: GRND <input type="checkbox"/> 3 DAY <input type="checkbox"/> BLUE <input type="checkbox"/> OTHER: _____ RED <input type="checkbox"/>		
MAKE:	MODEL:	BORE:	CLEAR:	BLOCK: HGHT:	
STRK:	ROD LGTH:	PIN END WIDTH:	THICKNESS ABOVE PIN:	DECK:	C.H.:
COMP RATIO: _____ to 1	HEAD TYPE:	HEAD CC:	MILLED?	GASKET:	
RING GROOVES:	W T R T	W 2 R 2	W 0 R 0	ORS: Y <input type="checkbox"/> N <input type="checkbox"/>	LANDS: 1 2 3
SIDE REL: DBL. TRACE <input type="checkbox"/> + SLIPPER SKIRT <input type="checkbox"/> FORGED <input type="checkbox"/> A/C <input type="checkbox"/> NONE <input type="checkbox"/>					
PIN DIA:	PIN LGTH:	PINFIT: Y <input type="checkbox"/> N <input type="checkbox"/>	LOX: SGL <input type="checkbox"/> DBL <input type="checkbox"/> WIRE <input type="checkbox"/> BUTTONS <input type="checkbox"/>	CUT PINS: Y <input type="checkbox"/> N <input type="checkbox"/>	CHAMFER: Y <input type="checkbox"/> N <input type="checkbox"/>
V DIA: INT:	EXH:	LIFT AT S O/L TDC.	INT:	EXH:	
FORCED INDUCT: Y <input type="checkbox"/> N <input type="checkbox"/>	NOS. Y <input type="checkbox"/> N <input type="checkbox"/>	EXPECTED HP:	FUEL TYPE:	RACE TYPE:	
TOP TKNS:	WEIGHT: MATCH <input type="checkbox"/> TARGET <input type="checkbox"/>	GAS PORTS: H <input type="checkbox"/> V <input type="checkbox"/>			

BOXES:	PRO/E WT:
--------	-----------

ITEM:	QTY:	PART #:	PRICE:	SUBTOTAL:	
PISTONS				TAX:	
PISTONS				FREIGHT:	
PINS				ORDER TOTAL:	
PINFIT				DEPOSIT:	
OIL RAILS		ORS-		DEPOSIT:	
OTHER				BALANCE DUE:	
OTHER				CARD NAME	
OTHER				#	
OTHER				CVV:	EXP:
RINGS					

ACCOUNTING INFO ONLY

SHIPPING DEPARTMENT INFO ONLY
