

Order by Fax: 360-273-0360

Order Form			
Please print clearly			
NAME: _____		Phone: _____	
MAILING ADDRESS: _____			
<i>Mailing Address</i>			
<i>City</i>	<i>State</i>	<i>Zip Code</i>	
SHIPPING ADDRESS: _____			
<i>Shipping Address (if different from mailing address – NO PO BOXES)</i>			
<i>City</i>	<i>State</i>	<i>Zip Code</i>	
QTY	PART # AND DESCRIPTION	UNIT PRICE	AMOUNT
Detailed information (if needed) such as color, model, year, etc.:			
Subtotal			
Sales Tax (WA Residents add 8%)			
Shipping**			
Total			

PAYMENT METHOD

Check or money order enclosed (payable to **Biscay's Classic Chevy**)

Credit card type: _____ Number: _____ Expires: _____
(Visa/MC) (Credit card account number) (Month/Year)

Signature: _____ Today's date: _____