

Best Price Auto Salvage Order Form

Please Contact the Sales Staff before and after sending this order form.

*Name: _____ Business Name: _____

*Shipping Address: _____

*City: _____ *State: _____ *Zip: _____

*Vehicle (Make and Model): _____ *Year: _____

*Part: _____

*Part Description: _____

Part / Hollander #: _____

Stock #: _____

VIN #: _____

*Price of Part: _____

*Credit Card: VISA ___ Mastercard ___ Discover ___

*Billing Address: _____

*City: _____ *State: _____ *Zip: _____

*Send Invoice: Yes ___ No ___ E-Mail ___ Mail ___

(We only take Credit Card numbers over the phone for security purposes. After you finish filling out this order form please call: 405-632-7888 as soon as you can. Your order will not be processed or complete until you call during business hours.)

9:30 am – 6:00 pm: Monday - Friday

9:30 am – 2:30 pm: Saturday

* ___ I have read and understand the Warranty Policy for the part I am Ordering.

* ___ I have read and understand all Policies for Shipping Guidelines and transaction practices.

* ___ I approve this transaction.

___ Check here if this order is a blind ship (\$0.50 fee)

___ Check here if you are setting up your own shipping: ___ Shipping Label ___ Bill of Landing

Special Notes: _____
