

ORDER FORM



Shaw's

PHONE: 513-257-5121

WWW.SHAWHOTRODS.COM

BILLING ADDRESS	SKU#	Item Description	Quantity	Price Each	Price Total
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Name:					
Address:					
City:	State:	Zip:			
Country:					

SHIPPING ADDRESS	SKU#	Item Description	Quantity	Price Each	Price Total
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Name:					
Address:					
City:	State:	Zip:			
Country:					
Phone:	We cannot ship to P.O. boxes. You must supply complete street address.				
Daytime:					
Evening:					
Fax:					
E-Mail:					

VEHICLE INFORMATION	SKU#	Item Description	Quantity	Price Each	Price Total
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Year:					
Make:	Model:				
Engine:	Transmission:				
Rear End:					
Other:					

PAYMENT INFORMATION	SKU#	Item Description	Quantity	Price Each	Price Total
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Cash:					TOTAL OF ORDER
Amount:					SHIPPING <i>UPS Standard</i>
Money Order:					OH. RESIDENT SALES TAX 6.5%
Amount:	Check #				TOTAL DUE

THANK YOU FOR YOUR ORDER