



**DIESEL CORP**

lehmandiesel@gmail.com

FAX: 804-435-6420

# FAX Order Form

Customer #: \_\_\_\_\_

Date: \_\_\_\_\_

Name and Billing Address

Shipping Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Ship Via: (check one)

Priority Mail <input type="checkbox"/>	FedEx 1 day <input type="checkbox"/> 2 day <input type="checkbox"/> 3 day <input type="checkbox"/>	UPS Ground <input type="checkbox"/>
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Visa or Mastercard #	Name on Card	Expires	Sec. Code
____ _	____ _	____ _	____ _

**Engine** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Transmission Model: \_\_\_\_\_ Single/Twin: S  T

**Boat** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Length: \_\_\_\_\_

Quantity	Part Number	Description	Price	Extended

Total before shipping