



DIESEL CORP

Invoice #: _____

Customer #: _____

Sales Order #: _____

Date: _____

Name and Billing Address

Shipping Address same as billing

Email: _____

Phone: _____

Engine	Make: _____	Model: _____	Year: _____
Transmission Model: _____		Single/Twin: S <input type="checkbox"/>	T <input type="checkbox"/>
Boat	Make: _____	Model: _____	Length: _____

Ship Via: (check one)	Priority Mail <input type="checkbox"/>	FedEx	UPS Ground <input type="checkbox"/>
		1 day <input type="checkbox"/> 2 day <input type="checkbox"/> 3 day <input type="checkbox"/>	

Quantity	Part Number	Description	Price	Extended

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Visa or Mastercard #	Name on Card	Expires	Sec. Code
_____	_____	_____	_____

Date: _____

Invoice #: _____

Sales Order #: _____

Customer #: _____

Quantity		Part Number	Description	Price	Extended

Tracking #:		Subtotal	
Shipping cost:		Total with shipping	