Retail OrderForm

# BROWN'S PLATING SERVICE, INC.

1010 Krebs Station Road, Paducah, KY 42003
Phone (270) 554-1146 Fax (270) 554-1170

Your Business *is* Appreciated

******* Please use a "separate list" for each box you ship! Minimum charge per box $75.00 *******

| | | |
|---|---|---|
| **Name:** | | **Date:** |
| **Address:** | | **Phone#:** |
| | | **Fax#:** |
| **City:** | **State:** | **Zip:** |
| **e-mail address:** | | |

**BILLING INFORMATION**

| | | |
|---|---|---|
| **PRINT Name as it appears on your credit card:** | **Signature of Credit Card Holder:** | |
| **Credit Card Number:** **- -** | **Credit Card Type:** (circle one) **Amer. Express / Master Card / Visa** | **Expiration Date ___/_____** |

**CVV2 code from back of credit card (Visa or Master Card) __ __ __ or 4 digit (American Express) __ __ __ __**

**Year, Make, Size & Model of Cycle** (It is very important that you specify this information!)

| Quantity | Name of Part | Special Instructions |
|---|---|---|
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**If more space is needed please list on a blank sheet of paper and attach to this order form.**

If we find cracks, dents, etc., in parts they will be returned for your written permission to process, unless we feel it's a shipping damage then we will contact you concerning a claim. If you are aware of flaws in parts please give written permission when you see the part to avoid any delays in the part being plated.

**CONTACT NAME**
**(Person we may contact with any questions about above parts.)**

**$** **Please provide the Replacement Cost of above parts.**
**(We will insure for this amount + cost of plating)**