

WHEEL ORDER FORM

Fill out all information areas including a P.O. # Sign and fax: 708-588-7181 or email: sales@billetspecialties.com

Date:	P.O. #:		Ordered By:			
Bill To: Customer #				Ship To:		
Name				_ Name		
Address				_ C/O		
City				_ Address		
State	Zip			_ City		
Phone				_ State	Zip	
Fax				_ Phone		
Vehicle Information	on		_ Suspens	ion / Brake Modi	fications: ————	
Make						
Model						
Caliper Clearance	e					
□ 2WD	□4WD	□AWD				
Wheel Information	ı					
QTY	STYLE	SI	ZE	BACKSPACE	BOLT CIRCLE	PRICE (EA.)
Wheel Accessories QTY PAR	s & Additiona RT NUMBER	l Services		DESCRIPTION/C	CLOP	PRICE (EA.)
QII IAN	I NOMBER			DESCRIPTION/C	OLOK	FRICE (EA.)
* All wheel orders must be faxed to Billet Specialties, a confirmation will be sent back within 24 hours. * If you do not receive an order confirmation call immediately, 1 (708) 588-0505. DO NOT RE-FAX ORDER. * All drop ship orders require a signature for proof of delivery. No Exceptions.						
* This order can not be cancelled after 48 hours of being placed. * This order can not be returned under any circumstances after tires have been mounted.					Tax (IL 109 ting tires. Freigh	
 It is the responsibility of the dealer and the customer to inspect and fit check special order wheels prior to mounting tires. We suggest that all special orders require a non-refundable down payment by the dealer. Vehicle measuring forms can be downloaded from BilletSpecialties.com or sent upon request. Grain						
I have read and agree to the 1	Terms & Conditions at v	www.billetspecialti	es.com		0.4.14	
Purchasing Agent Signatur	ro		INI	TIAL HERE		Submit
Purchasing Agent Signatu		ox is agreement th	at block letter initi	als and signature is binding.		