



DEALER PERSONAL USE PURCHASE FORM

Please fax completed form to: (800) 481-5212

PURCHASER INFORMATION

METHOD OF PAYMENT

DATE: _____
DEALERSHIP: _____
 NAME: _____
 ADDRESS: _____

 HM. PHONE: _____
 CELL PHONE: _____
 WK. PHONE: _____
 FAX: _____

CASHIERS CHECK
 VISA
 MASTER CARD

MODEL #	DESCRIPTION	NET PRICE	SALES TAX	TOTAL
	SUBTOTAL			
	SALES TAX			
	TOTAL			

Signature

Date Requested

Will Call available at the public warehouse listed below:

UNION CITY WAREHOUSE
1143 Pacific Street
Union City, CA 94587
(510) 471-4440

**I agree to purchase this product for my own personal use
and I understand this product is not for resale.**

Signature

Date