



CUSTOMER PART ORDER

Billing Information:

Company Name: _____
Contact Name: _____
Address: _____
City, State, Zip: _____
Phone#: _____ Fax#: _____
Email: _____ PO#: _____
Year, Make, Model: _____
VIN# (Last 8): _____

Shipping Information (If different from above):

Company Name: _____
Contact Name: _____
Address: _____
City, State Zip: _____

Payment Information, (Please select ONE):

- We have a Net 30 Account with Atlantic Bus Sales.
- Please charge our credit card: Please complete credit card authorization form, see below

Part Information:

QTY	PART NUMBER	DESCRIPTION

Method of shipment: UPS Ground Overnight: (additional charges, order must be received by us no later than 12 noon EST)

Need part number or helpful information: Please contact our parts department at (954) 941-7722

Please either email or fax all orders to: Parts@atlanticbussales.net or Fax (954) 941-7466
You will receive a Faxed or Email Confirmation.