ORDER FORM

Vette Brakes & Products, Inc. . . . Suspensions & Brakes for Beyond Stock Handling.

ORDERED BY: (PLEASE TYPE OR PRINT CLEARLY)

NAME _____ CUSTOMER NO. _____

BUSINESS NAME _____

ADDRESS _____ APT. NO. _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE ( ) _____ CELL PHONE ( ) _____

FAX NO. ( ) _____ E-MAIL ADDRESS _____

SHIPPING ADDRESS: (NO P.O. BOX SHIPPING)

NAME

_____

BUSINESS NAME _____

ADDRESS _____ APT. NO. _____

CITY _____ STATE _____ ZIP _____

YOUR ORDERING BY:

- ❑ Mail - VBP 7490 30th Ave. N. St. Petersburg, FL 33710
- ❑ Fax - 727-347-4818
- ❑ Internet - VBandP.com
- ❑ Phone - 800-237-9991
- ❑ International Phone - 727-345-5292

ORDERING FOR MY:

Year ___ Make_____ Color_____

- ❑ Coupe ❑ Convertible
- ❑ Stick ❑ Automatic
- ❑ Driven Daily ❑ Show Car
- ❑ Factory Stock ❑ Restored
- ❑ Beyond Stock Enhanced
- ❑ Vette Rod - High Performance

You ve Owned - ❑1 ❑2 ❑3 ❑4 ❑5 or ❑ _____ Corvette's

ORDER DATE____/____/____ **PAYMENT METHOD:** ❑MasterCard ❑Visa ❑American Express ❑Discover ❑Money Order ❑Certified Check ❑Personal Check*

CREDIT CARD NO._____

EXP. DATE_____/_____/_____

SIGNATURE_____

NOTE: * MUST PRINT Name, Address & Phone number on checks. Driver's license number required for personal checks.

QTY	PRODUCT NO.	DESCRIPTION	UNIT PRICE	AMOUNT

Please Send My Friend A FREE Catalog . . .

Name _____

Address _____

_____

SUBTOTAL	
SALES TAX (FL & PA - 7%)	
* C.O.D. Add $7.50 per box	
* SHIPPING & HANDLING	
* INSURANCE (Add $0.35 per $100)	
TOTAL	$

* **NOTE:** UPS insures the first $100 of each order they deliver. Add $0.35 per each additional $100 to insure your complete order. Upon receipt of your order we will inform you of any C.O.D. and Shipping / Handling charges that apply.