

Order / Fax Form

BAC Code:

Date: _____

Bill To:

Name: _____

Address: _____

Address 2: _____

City/State/Postal Code: _____

Attention: _____

Purchase Order Number: _____

Phone Number: _____

Fax Number: _____

Ship To: (if same as 'Bill To', enter 'SAME' on next line)

Name: _____

Address: _____

Address 2: _____

City/State/Postal Code: _____

Attention: _____

Telephone Number: _____

Payment Options (check one)

****Required to process order****

- Parts Billing (For GM dealers only)
- Lease through Snap-on Business Solutions (\$5000 min) or a leasing company of your choice (must fill out required credit application).
- Bill direct to dealership, Net 30.

Dealers should ensure that the necessary unloading devices (fork lift, tow truck, etc.) are available when the equipment is delivered.

Please be advised that General Motors Co. makes no expressed warranties or implied warranties of fitness for a particular purpose or merchantability on this equipment. Only warranty is that which is supplied by the manufacturer.

Qty.	Item Number	Description	Price (USD)	Extended Amount

*Freight and installation charges plus any applicable taxes, when not included in the purchase price, will be added to the equipment price and included as part of the amount charged.

X _____
 Authorized Signature Date
(SIGNATURE REQUIRED TO PROCESS ORDER)

Service Manager Parts Manager Owner Other _____

X _____
 Seller Signature Date

Subtotal	
*Estimated Freight	
*Estimated Installation	
*Taxes	
TOTAL	

For SBS Use Only _____
 Date