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ORDER FORM

Get 2 It Sales, LLC

Fax: (864) 595-9571

www.Get2itSales.com

Customer Code: _____ **Dealership Name:**_____

Ship To: Store:_____ Drop ship:____

Shipping Method: Ground:____ 3 day:____ 2 day:____ Overnight:____

Drop Ship Information: Name_____
Address_____
City_____ State_____ Zip_____

QTY	Part #	Description
_____	_____	_____
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_____	_____	_____

Payment Method: COD_____ Credit Card_____

_____ _____ _____

Name (Please Print) **Signature** **Date**