

Fill out this form and fax it to us or click on "File" then click on Send" and then "Page by E-mail" from above.
 Fill in our Address (Ford@littledearborn.com) then Click on Send. and Don't forget to "SAVE" a copy for your records!

OFFICE CODE

Little Dearborn Parts, Inc.
 2424 University Ave. S.E.
 Minneapolis, MN 55414 U.S.A.
 Phone 612-331-2066/Fax 612-331-3847

OFFICE USE
 Amt. _____
 Ck. # _____
 Date _____

INVOICE

INVOICE # _____
 DATE: _____

Ship to:

Name _____
 Company Name _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone _____

Shipping address if other than at left:

Name _____
 Company Name _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone _____

Year _____ Body Style _____
 Make of Car _____ Model _____
 Engine _____ Transmission _____

Charge Card #: _____
 Expiration Date: _____
 Name on Card: _____

Minimum Credit Card Order - \$10.00

UPS PARCEL POST TRUCK
 CHARGE CHECK C.O.D.

OFFICE USE: _____



Quantity Ordered	Quantity Shipped	Part Number	Description	Unit Price	Total Price	Office Use

NO CREDIT WILL BE ISSUED WITHOUT CORRECT INVOICE NUMBER

OFFICE USE
 Amt. Sent _____
 Amt. Invoiced \$ _____
 Refund _____

OFFICE USE
 Taken by _____
 Filled by _____
 Packed by _____

Subtotal	
MN residents add 6½ % tax*	
Freight	
Bal. Due	

Shipping costs are approximately \$6.00 per each \$100.00 of purchase. Please allow an additional 10% for heavier or oversize items. Insurance is \$.35 per each \$100.00 of purchase. Any extra postage will be refunded. 10% restocking charge on all returns that are not our error.

*Some destination cities require 7% sales tax.

Invoice #: