PARTS ORDER FORM

FAX TO: (770) 423-4017

Dealer Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email (used for order confirmation): _____

Dinli USA, LLC
3939 Royal Drive NW, Suite 139
Kennesaw, GA 30144
Phone: (770) 874-1206
Fax: (770) 423-4017
Website: http://www.dinlisales.com/parts

P. O. # _____

Order Date: _____

Quantity Required	Part Number Required	Description Required	Year / Model	Est. Cost*	Est. Total*

Shipping Method: ☐ Ground ☐ 3rd Day ☐ 2nd Day ☐ Next Day

Note: Warranty reimbursement for shipping charges governed by applicable warranty policies. If method blank, ground will be used.

* Note: For current pricing, please visit the dealer section of our website.

PAYMENT METHOD – (NO ORDERS WILL BE PROCESSED WITHOUT PAYMENT METHOD)

☐ Credit Card on File

☐ Credit Card _____-_____-_____-_____

☐ COD ($15.00 surcharge added to shipping cost for COD)

CC Expiration: ____/____ Sec Code: ____

CC Name: _____

CC Billing Addr: _____

CC Zip Code: _____

AUTHORIZATION:

Signature: _____ Date: _____

Print Name: _____ Ver 2.2 10/07