Print Form

Work Order Request

If you are sending us parts, please include a completed copy of this form in the package.

Customer Information:

Billing Information

Name: _____

Address: _____

City: _____

State: AL Zip: _____

Phone: _____

Email: _____

Website: _____

Date Shipped To KARPS: _____

Shipping Information

Name: _____

Address: _____

City: _____

State AL Zip: _____

Shipping Method :

COD ☐ USPS ☐ UPS ☐ RED ☐

BLUE ☐

3-DAY ☐

Payment Info: CASH ☐ CHECK ☐ Check No. _____ Date Shipped Out: _____

MasterCard ☐ VISA ☐ **Credit Card No.** _____ Exp. Date _____

Vehicle Information:

In order for us to best serve you, please complete the necessary information about the vehicle.

YEAR: _____ **MAKE**: _____ **MODEL**: _____

Please let us know what work needs to be done (give us as much detail as possible):

_____

_____

Quantity	Product/Description of Part(s) Shipped	Est. Price	Actual Price
		$	$
		$	$
		$	$
		$	$
		$	$

FOR OFFICE USE ONLY:

Call Log

Date	Time	Talked To	Comments