Order Form



Date: **Ordered By** Name: Address: City: State/Province: Zip/Postal Code: Email: Phone: **Deliver To** Same as Above Name: Address: City: State/Province: Zip/Postal Code: Email: Phone::

OMNI-Potent Parts 1663 Red Maple Court Streetsboro, OH 44241 USA

Phone: 216-536-1140 Email: sales@omnipotentparts.com www.omnipotentparts.com

ltem	Description	Quantity	Unit Price	Amount
			Sub-total	
Payment				
Check payab	le to Greg Thewes			
O PayPal - Send	l me an Invoice			
PayPal - Total payment sent to sales@omnipotentparts.com			Grand Total	
Money Order	payable to Greg Thewes			

Internal Use Only

Order Completed:	
Ship Date:	

Save this completed form and e-mail to <u>sales@omnipotentparts.com</u> to place your order.