

PLEASE FILL THIS FORM OUT ELECTRONICALLY, SAVE & EMAIL IT BACK TO US.



PARTS ORDER FORM

\$30.00 Minimum on all parts orders

Email it to parts@ballync.com Fax it to (252) 240-0871

For questions or assistance please call 1-800-24BALLY.

| | | | | |
|-----------------|--------|------|-----------------------|--|
| SOLD TO: | | | BALLY ASSIGNED | |
| Name: | | | Account #: _____ | |
| Address: | | | Order #: _____ | |
| City: | State: | Zip: | Customer P.O. #: | |
| Phone: | | | | |
| Email: | | | | |

| | | | | |
|----------------|--------|------|--|--|
| SHIP TO | | | <input type="checkbox"/> Same as above | |
| Name: | | | | |
| Address: | | | | |
| City: | State: | Zip: | | |
| Phone: | | | | |

| | | | | | | |
|---|--------|------|--|------------|--|-----------|
| CREDIT CARD INFORMATION | | | <input type="checkbox"/> Same as SOLD To | | <input type="checkbox"/> Same as SHIP To | |
| Name: | | | | | | |
| Address: | | | | | | |
| City: | State: | Zip: | | | | |
| Taxable? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please attach certificate with the payment form. | | | | | | |
| Credit Card #: | | | | Exp. Date: | | CVV Code: |

| | | | | | | |
|---|--|--|--|--|--|--|
| PREFERRED SHIPPING METHOD <i>All freight is prepaid and added to the total order.</i> | | | | | | |
| <input type="checkbox"/> UPS <input type="checkbox"/> Ground <input type="checkbox"/> 2nd Day Air <input type="checkbox"/> Next Day Air | | | | | | |

| | | | | | | |
|-----------|--|--|----------|--|--|--|
| Serial #: | | | Model #: | | | |
|-----------|--|--|----------|--|--|--|

| PART # | QTY. | DESCRIPTION | EXTENDED PRICE |
|--------|------|-------------|----------------|
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Bally Sales Person _____ Date _____