



PARTS ORDER FORM

Please fill out this form, adding any comments or questions, and

Email it to **parts@ballync.com**

Fax it to **(252) 240-0871**.

If you have any questions call **1-800-24BALLY**.

Name:		Date:	
Customer #:			
Serial #:		Model#:	
Taxable (<i>Choose one</i>): <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please fax a copy of your certificate.			
SOLD TO		SHIP TO	
ATTN:		ATTN:	
Name:		Name:	
Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
Email:		Email:	
Credit Card #:		Expiration Date:	Verification Code:
Desired Shipping method (<i>Check one</i>): All freight is prepaid and added to the total order. <input type="checkbox"/> UPS <input type="checkbox"/> Ground <input type="checkbox"/> 2 nd Day Air <input type="checkbox"/> Next Day Air			
PART #	QUANTITY	DESCRIPTION	EXTENDED PRICE