

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.

CUSTOMER BILLING INFORMATION			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			Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Name:				
Address:				
City:	State:	Zip:		
Taxable? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please fax/email a copy of your certificate to: actgdb@ballyrefboxes.com.				
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	

Bally Sales Person _____ Date _____