



Parts Order Form

Name:		Title:	
Company:			
Street Address:			
City:		State	Zip
Phone		Fax	
Email			
How many forklifts in your fleet?			

Parts Required:

Make	Model #	Serial #	Part #	QTY	Description

Please provide as much information as possible:

Comments:

Complete and Fax to

Oxnard: (805) 983-2773

Bakersfield: (661) 323-5671