

quartermax.com

THIRD MEMBER ORDER FORM

Date:/			
Bill To Name:	Purchase Order #		
Address:	Ship To or Company Name:		
City: St: Zip:	Attn:		
Email:	Address:		
Phone (Day):Fax:	City:St:		
Phone (Evening):			
GEAR DIAMETER: 9" 9-1/2" 9-1/2" REAR END:			
SPLIT COLLAR I.D:			
TYPE/BRAND CENTER SECTION: STRANG IOPTIONS:	=	MOSEK	
	*EXAMPLE OF A STRANGE ULTRA CASE		
m must be signed by the customer before the order ibility for the accuracy of the information provided o		·	

This form must be signed by the customer before the order is processed. By signing below I confirm that I accept responsibility for the accuracy of the information provided on this order and agree to the policies of RJ Race Cars, Inc. I understand that these parts will be ordered and manufactured to the specifications that I have provided on this form. I acknowledge that I have verified that all of the information is correct. I confirm that RJ Race Cars, Inc will not be liable in the event that I have made an error on this form. I further acknowledge that I will be responsible for any and all costs that are related to this order, and any modifications that may be necessary to correct any errors made on my behalf.

Signed	Print	Date /	/	1
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