ORDER FORM

International Mercantile

MAIL OR FAX ORDERS ONLY

Fax 1(760)438. 1428

Or call to place order

Billing Address

Name_____ [ ] check here if this is a new address

Address_____

City_____State_____Zip Code_____

Daytime Phone ( )_____ Home Phone ( ) _____

Shipping Address

Name_____

Address_____

City_____ State_____ Zip Code_____

Method of Payment – MAIL OR FAX ORDERS ONLY

[ ] VISA [ ] MasterCard [ ] Personal Check, Please refer to Shipping & Ordering information.

Account Number _____ Expiration Date ____/_____

Signature_____ Last three digits on back of credit card_____

Name as it appears on card (please print)_____

Model of Porsche_____ Year _____ Chassis No._____

Part Number	Description of Part	Quantity	Price	Total Charge

Merchandise Total _____

Sales Tax (CA Residents 8.75%)_____

Shipping Charges_____

TOTAL_____