



# ORDER FORM

Fax Back Number: 763-213-9163

Servicing Dealer: Joe Lee

AMSOIL Dealer ZO: 1506490

Direct Dealer Phone: 763-213-9163

Direct Dealer eMail: [amssyntheticoil@q.com](mailto:amssyntheticoil@q.com)

## YOUR DETAILS

FIRST NAME:

LAST NAME:



PHONE:

FAX:

EMAIL:

Sign Up for Preferred Customer Account:


## PAYMENT DETAILS

NAME:

CARD #:

EXPIRY DATE:

CSV #: 



## CARD BILLING ADDRESS

STREET:

CITY:

STATE/PROVINCE:

POSTAL/ZIP CODE:

COUNTRY:    



## SHIPPING ADDRESS

STREET:

CITY:

STATE/PROVINCE:

POSTAL/ZIP CODE:

COUNTRY:    

## ORDER DETAILS

QUANTITY	ORDER DETAILS (Use AMSOIL product code or describe product name. 1 Case = 12 Qt's)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize AMSOIL Inc. to charge my credit for the above order. addition Shipping charges not included