



Telephone/Fax Order Information

*First Name: _____ MI: _____ *Last Name: _____

*Billing Address: _____

*City: _____ *State: _____ *Zip: _____

*Country: (If not USA) _____

*Phone Number: _____

*Email Address: _____

*Order Description: (Insert quantity number, style and option(s), or select Engineering Services.)

[_____] SpeedChanger© [_____] Speed-Cal Tool Delux© [_____] Mini Speed-Cal Tool©

[_____] Antique Tail Lights (Style: _____ Option(s): _____)

[_____] Boost Controller©

Order Sub Total: \$ _____

S&H (Included except for Special Orders): \$ _____

[_____] Engineering Services

MI Residents Only 6.25% Sales Tax: \$ _____

Request for Quote (RFQ) should be submitted for these services.

Order Total: \$ _____

Credit Card Information

*Credit Card Number: _____

*Expiration Date: _____ Month _____ Year



*Signature: _____

Optional Shipping Information: (If different from the billing address.)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: (If not USA) _____

TERF Inc. Internal Processing

Date Order Processed: _____ Date Order Shipped: _____

Confirmation Number: _____

* Denotes those items that are required to complete any order.

Thank you for your order.