Vintage Mustang
VMOA
Owners Association

# Order Form

Date: ____ / ____ / ____

**Mail Order form to:**
**760 San Antonio Road - Suite 200**
**Palo Alto, CA 94303**

## BILLING/SHIPPING INFORMATON

Contact Name: _____
Company Name: _____
Street Address _____
_____
City: _____ State: ____ Zip: _____
Phone: ___ - ___ - _____ Alternate: ___ - ___ - _____
Fax: ___ - ___ - _____ e-mail: _____

## DELIVERY/SHIPPING OPTIONS

☐ Will Call (map: www.ebackus.com)
Date: _____
☐ US Priority Mail *
☐ UPS/Shipper # _____
☐Ground ☐2-Day ☐3-Day
☐ FedEx/Shipper # _____
☐Ground ☐2-day ☐3-Day
☐ By Arrangement: _____
_____

Fax order to: **650-493-4346**; Call: **650-493-4344** with questions or for more information.

## ORDER INFORMATION

| Style Number | Description | Color | Size | Unit Price | Qty | Amount |
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***PRIORITY MAIL** is our normal shipping method with charges determined by final order weight and zip code destination as per the US Post Office guidelines.

Please allow 3 weeks from the acknowledgement of your order for delivery. Orders paid by Check should allow 4 weeks for delivery. RUSH orders, when available, may require PICK UP via WILL CALL.

| | |
|---|---|
| Sub Total | |
| Tax | |
| Delivery/Shipping | |
| Other Charges | |
| TOTAL AMOUNT | |

## PAYMENT METHOD

CREDIT CARD: ☐Master Card ☐Visa Expiration
Card No: _____ Date: _____
Card Holder (Co. &/or Name): _____
_____
Authorized Signature: _____
Please PRINT Authorized Name: _____

☐ Check
(allow extra time to process order)

Please make your check payable to "**Backus**"