OPEL GT SOURCE
division of 'D' Source, Inc.

Postal Mailing Address:
P.O. Box 4004, Sonora, CA 95370
UPS Shipping Address:
18211 Zeni Lane, Tuolumne, CA 95379
Info: (209) 928-1110 • FAX (209) 928-3298
Orders: 1-800-673-5487 (1-800 Opel GT S)

# ORDER FORM

IMPORTANT: Print your name and address. If your address has changed, print the correct address here and your old address below.

NAME _____

ADDRESS _____ OR P.O. BOX _____
(Street address required for UPS delivery.)

CITY _____ STATE _____ ZIP _____

ADDRESS _____ OR P.O. BOX _____

CITY _____ STATE _____ ZIP _____

If you want your order shipped to another person or another address, fill in below.

NAME _____

ADDRESS _____ OR P.O. BOX _____

CITY _____ STATE _____ ZIP _____

YOUR DAYTIME TEL. NO. (_____) _____
NEEDED IN CASE OF QUESTION ON YOUR ORDER

| QTY | CATALOG NUMBER | DESCRIPTION OF ITEMS | UNIT PRICE | | TOTAL AMT | |
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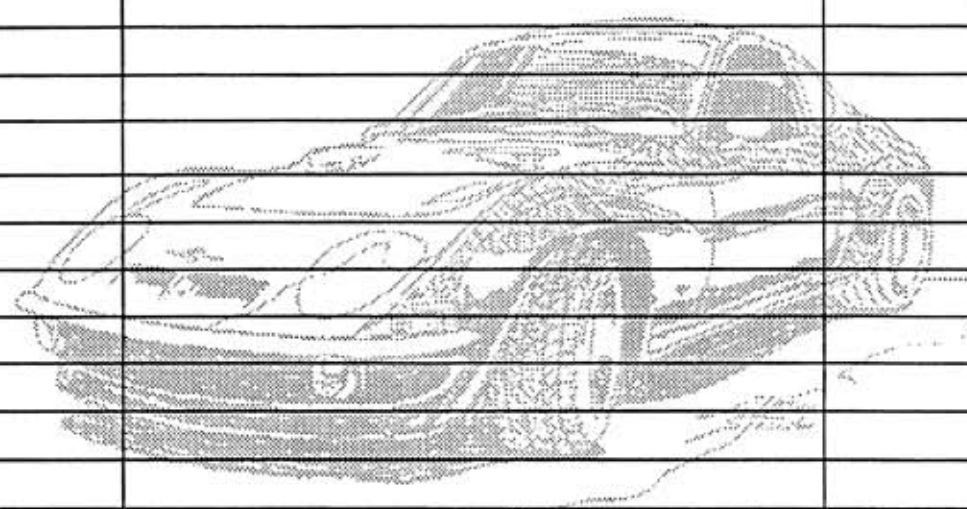

Information about the make, model, and year of your car can often assist us in filling your order promptly and accurately.

Make of car and year _____

Model (Body Style Engine) _____

List modifications or accessories if applicable to your order _____

_____

| | | |
|---|---|---|
| TOTAL MERCHANDISE | | |
| CAL. RESIDENTS INCLUDE STATE SALES TAX | | |
| **SHIPPING CHARGES** | | |
| TOTAL ENCLOSED | | |

METHOD OF PAYMENT

- ❑ CHECK
- ❑ CASHIER'S CHECK OR MONEY ORDER
- ❑ C.O.D.
- ❑ CREDIT CARD (minimum purchase $15.00)

NOTE: We reserve the right to clear checks prior to shipment. Cash, certified check or money order please on C.O.D. orders.

VISA OR MASTERCARD WELCOME
Copy full account no. from your VISA

_____ Expiration date: _____

Copy full account no. from your MASTERCARD

_____ Expiration date: _____

Signature of card holder _____