

Westec Express Fax Order Form - Fax 011.775-284-9206 johnjdutra@westecinc.com

Your Company Information

Payment Information (check box)

Company: _____	Contact: _____	Credit Card <input type="checkbox"/>
Date: _____	Fax: _____	Wire Transfer <input type="checkbox"/>
Phone: _____	email: _____	Other <input type="checkbox"/>

Whole Goods Information

Equipment Name _____ Manufacturer _____

Model# _____ Serial# _____ Year of Mntg _____

Catalog Information

Part Name (1) _____	Qty. _____	Part Number _____	Date & Pub# (Catalog) _____
Part Name (2) _____	Qty. _____	Part Number _____	Date & Pub# (Catalog) _____
Part Name (3) _____	Qty. _____	Part Number _____	Date & Pub# (Catalog) _____
Part Name (4) _____	Qty. _____	Part Number _____	Date & Pub# (Catalog) _____

Parts or whole unit replacements not originally manufactured by the OEM (i.e. fuel injection pumps, bearings, etc.)

Sub Unit Name _____	Manufacturer _____	Model or Part# _____	
Part Name (1) _____	Qty. _____	Part Number _____	Date & Pub# (Catalog) _____
Part Name (2) _____	Qty. _____	Part Number _____	Date & Pub# (Catalog) _____
Part Name (3) _____	Qty. _____	Part Number _____	Date & Pub# (Catalog) _____
Part Name (4) _____	Qty. _____	Part Number _____	Date & Pub# (Catalog) _____

Notes: If numerous parts are to be listed please attach an additional sheet - or use the sub unit spaces if needed and not used

High Quality non OEM replacement parts are preferred acceptable not acceptable if OEM part is not available or if price of the non OEM is 20% lower than the OEM. Please check correct box. All non OEM's are U.S. manufactured

CC Info: (Expiry) _____ Number _____ Name on card _____