

JOBBER EQUIPMENT ORDER FORM

EQUIPMENT VENDOR NAME: RTI TECHNOLOGIES (MAHLE) AUTO PLUS VENDOR ACCOUNT #: 236

SUBMIT TO EMAIL: sales.mss.@us.mahle.com

SUBMIT TO FAX #: 717-755-8304

JOBBER PO (must be assigned Auto Plus Account #): _____

| | | | |
|--------------|------------|--------------|------------|
| PART # _____ | QTY: _____ | PART # _____ | QTY: _____ |
| PART # _____ | QTY: _____ | PART # _____ | QTY: _____ |
| PART # _____ | QTY: _____ | PART # _____ | QTY: _____ |

SOLD TO:

Customer is responsible for off loading

COMPANY NAME: _____ COMPANY CONTACT: _____

COMPANY ADDRESS: _____ COMPANY PHONE #: _____

CITY: _____ STATE: _____ ZIP: _____ COMPANY EMAIL: _____

SHIP TO:

COMPANY NAME: _____ COMPANY CONTACT: _____

COMPANY ADDRESS: _____ COMPANY PHONE #: _____

CITY: _____ STATE: _____ ZIP: _____ COMPANY EMAIL: _____

LIFT GATE REQUIRED: YES NO

If yes additional charge applies

HAS WAY TO OFFLOAD: YES NO

RECEIVING CONTACT PERSON (24 Hours in advance of delivery): _____

CONTACT #: _____

SPECIAL INSTRUCTIONS/NOTES: _____

SUBMIT