



Performance First!

Universal Series Order Form

Distributor #: _____ Distributor Name: _____
PO#: _____ Salesman/Ext: _____

Drop Ship Name & Address (If Applicable)

Name: _____
Street Address: _____
City, State, Zip: _____
Daytime Phone: _____ Evening Phone: _____

Customer Vehicle Information

Year: _____ Make: _____ Model: _____ Engine: _____

Ordering Information

Evaporator Kit	Part #: _____	Price: _____
Controls	Part #: _____	Price: _____
Louver Selection	Part #: _____	Price: _____
	Part #: _____	Price: _____
	Part #: _____	Price: _____
Compressor	Part #: _____	Price: _____
Compressor Bracket	Part #: _____	Price: _____
Hose Kit	Part #: _____	Price: _____
Safety Switch	Part #: _____	Price: _____
Condenser	Part #: _____	Price: _____

Options/Upgrades

Bulkhead Plate	Part #: _____	Price: _____
Bulkhead Fitting Kit	Part #: _____	Price: _____
Upgrade Drier	Part #: _____	Price: _____

Additional Notes/Comments