



Custom Vehicle Order Form

Ordered by:

Name _____ Signature _____

Company _____

Address _____

City/State/Zip/Country _____

Phone _____ Fax _____

E-mail _____

Delivery Preferred Medium: e-mail ZIP disk 3.5" floppy CD-ROM

Vehicle Information

Items in **BOLD** are required before EDC can accept your order.

Vehicle Make _____

Model _____ **Year** _____

Trim Level (GL, SE, etc.) _____ **Body Style** _____

DOM _____ VIN _____

Engine _____ **Transmission** _____

Options (HD suspension, factory tire/wheel upgrade, etc.) _____

Tire Mfr, Model and Size(s) _____

Modifications (wide tires & wheels, canopy, no bumper, etc.) _____

Special Instructions _____

Photos attached or sent via separate cover

EDC Use Only:

	<u>Date</u>	<u>By</u>
Expected Completion Date _____	Vehicle Params _____	
Further Information Needed _____	Digitized _____	
_____	Data Reduced _____	
_____	Q/A _____	
Received By _____	Ready to Ship _____	