



# LONG ISLAND CORVETTE SUPPLY, INC.

1445 STRONG AVE S., COPIAGUE NY 11726 PH 631-225-3000 ph1-800-466-6367

FAX 1-800-466-LICS OR FAX 631-225-5030 Online Orders [www.licorvette.com](http://www.licorvette.com)

Name: \_\_\_\_\_ Date : \_\_\_\_\_

(Comp Name) \_\_\_\_\_

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

COD + \$12.90

day ph # \_\_\_\_\_

cell #: \_\_\_\_\_

fax: \_\_\_\_\_

Email: \_\_\_\_\_

Notes: \_\_\_\_\_

Card#															Visa MC Discover
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Expiration Date: \_\_\_/\_\_\_/\_\_\_ 3 digit Code on Back of Card \_\_\_\_\_ Sign \_\_\_\_\_

Bank customer Service Phone # and Bank Name : \_\_\_\_\_ (we ship to card billing or see auth form > )

YEAR	COUPE <input type="checkbox"/> ENGINE _____    4 SPD <input type="checkbox"/> P/S <input type="checkbox"/> S/P <input type="checkbox"/> INTERIOR COLOR _____ 3 SPD <input type="checkbox"/> P/B <input type="checkbox"/> TELE <input type="checkbox"/>
	ROADSTER <input type="checkbox"/> HP _____    AUTO <input type="checkbox"/> A/C <input type="checkbox"/> VIN # S _____    OR BUILD DATE _____

QUANTITY	<input checked="" type="checkbox"/>	SECT. # -PART #	DESCRIPTION	PRICE	AMOUNT
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( IF UNDER \$20 PREPAY WITH CHECK OR MO+Shipping)    MINIMUM ORDER IS \$20 SUBTOTAL >    SUBTOTAL:	
<b>If ordering heavy or large items -OR west of MS-</b> <b>please add extra! We will figure shipping if you are using credit card)</b> (MINIMUM SHIPPING \$15)    SHIPPING:	
All Orders Shipped To <i>NY ADDRESS</i> Must Add Sales Tax (Unless You Send Resale Form) <b>NY only TAX:</b> (NEW YORK ORDERS ONLY) YOUR COUNTY _____, RATE _____%    OUR COUNTY IS SUFFOLK; RATE <b>8.63</b> :	
<b>RETURN POLICY:</b> RETURNS UP TO 30 DAYS= NO RESTOCK FEE; RETURNS FROM 30 TO 60 DAYS = 15% RESTOCK FEE; No Returns Accepted After 60days, - No Returns Without Invoice!    No Returns On Tools, Sect 02, Special Orders	TOTAL: _____