

Order Form

2000 Donny Schatz/ParkerStore GMP Diecast Replica

Billing Address

Name: _____

Company: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____

Shipping Address

Name: _____

Company: _____

Address: _____

City: _____ State: ____ Zip: _____



Item	Description	Qty	Price	Total
PS-Schatz-2000	Diecast		45.00	

Method of Payment VISA__ MC__ Discover__ AMEX__ Check__

Credit Card # _____ Exp. _____

Check # _____ Total Amount Enclosed _____

Mail or fax your order to: **Parker Hannifin-QCD**
8145 Lewis Road
Golden Valley, MN 55427
Fax: (763) 544-3418

(Each replica will include a Certificate of Authenticity.)

