ORDER FORM (Attach more pages if needed)

Name_____Ship to:_____
Company_____ _____
Address_____ _____
City_____ State_____ Zip_____ _____
Phone_____ Fax_____ Email_____

Quantity	Part Number	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Shipping:

[ ] UPS Ground [ ] UPS Next Day Air [ ] UPS 2nd Day Air [ ] UPS 3 Day
[ ] Spee Dee Ground [ ] FedEx Ground [ ] USPS Priority Mail [ ] International

Credit Card:

Name (as it appears on card)_____

[ ] Discover Card [ ] Master Card [ ] Visa

Account #_____ Expiration___/___ V-Code____

Signature_____ (The V-code is a 3 digit# on back of the credit card.)

Mail to: RIEKEN'S RACING
Order Department
365 7th Ave.
Marion, IA 52302 USA

Fax to our 24 hour fax line:
319-377-2139

SPECIAL INSTRUCTIONS: