



**US Warehouse:**  
 #304 Littlefield Ave  
 South San Francisco,  
 CA, 94080

**Canada Warehouse:**  
 101B - 1952 Kingsway Ave,  
 Port Coquitlam, BC  
 V3C 6C2, Canada


**Phone:** 650-871-8801  
**Fax:** 604-942-6745  
**Web:** www.oppracing.com  
**Email:** sales@oppracing.com

## OPP Customer Fax Order Form: 604-942-6744

<p><b>Shipping Address:</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State / Province: _____</p> <p>Country: _____</p> <p>Zip / Postal Code: _____</p> <p>Home #: _____</p> <p>Work / Cell # (optional): _____</p> <p>Fax # (optional): _____</p> <p>Email: _____</p> <p><b>Please ensure that all fields are complete.</b></p>	<p><b>Billing Address</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State / Province: _____</p> <p>Country: _____</p> <p>Zip / Postal Code: _____</p> <p>Home #: _____</p> <p>Work / Cell # (optional): _____</p> <p>Fax # (optional): _____</p> <p>Email: _____</p> <p><b>If same as Shipping Address, check box:</b> <input type="checkbox"/></p>
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<b>Motorcycle Information:</b>		
Make: _____	Model: _____	Year: _____

Quantity	Part #	Part Name / Description	Unit Price

<b>Method of Payment:</b>	
Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> International Wire Transfer (Outside North America) <input type="checkbox"/>	
<b>Credit Card Information:</b>	
Name on Card: _____ Card Number: _____ Signature Panel Code: _____ Expiry Date: _____	<div style="text-align: center;"> <p style="font-size: small; color: red;">account number    signature panel code</p>  <p style="font-size: x-small;">(back of your card)</p> </div>