

TRIUMPH CLASSIC MOTORCYCLES

British Restoration Specialists

sales@triclassic.com www.triclassic.com

MOTORCYCLE REQUEST FORM

CUSTOMER:

SHIP-TO: (Write "SAME" if Same as Bill-To)

Name: _____ Name: _____

Address: _____ Address: _____

City/St/Zip: _____ City/St/Zip: _____

Phone#:(_____) _____ - _____ Fax#:(_____) _____ - _____

Email Address: _____

Transportation Method: _____

Super-Moto	Street-Tracker	TT Special	Factory Resto	Base Price:	PRICE
DETAILS: _____				Accessories:	_____
_____				Financing:	_____
_____				Subtotal:	_____
_____				Sales Tax:	_____
_____				Shipping:	_____
_____				Total:	_____

MOTORCYCLE PAINT/COLOR SCHEME: _____

TIRES: _____

ACCESSORIES: _____

PROPOSED DELIVERY DATE: _____

DELIVERY INSTRUCTIONS: _____

DEPOSIT DETAILS: _____

Buyer's Signature: _____ Date: _____

Triumph Classic Motorcycles

Date: _____

Official Use Only:

Accepted By: [_____]