

APR Order Form

Name/Company: _____

Shipping Address: _____

Billing Address: _____

Daytime Phone Number (_____) _____

e-mail Address: _____

Car Information: Year? _____ Model? _____ Engine? _____

Transmission?: Automatic Tiptronic Manual Quattro?: Y / N

Electronic Stabilization Program (ESP®)?: Y / N

Any other items on vehicle? _____

Program(s) you wish to purchase (*Some programs are not available for some cars. Please contact your APR Representative for more information*):

Programs: Stock
91 Octane Chipped
93 Octane Chipped
Valet
Race
Security Feature?: Y / N If yes, preferred security code _____
FCE/TBA?: Y / N

Any other products that you wish to purchase?: _____

Payment Method: Credit Card Money Order

CC Number: _____

Expires: _____ Name Printed on Card: _____

Preferred Return Shipping Method: Saturday Next Day Second Day Ground
(United Parcel Service)

INTERNAL USE ONLY

Customer Key _____ Customer Class _____ Terms _____

Salesperson _____ Date Order Taken _____