



Parts Order Form - Fax to: 217-963-2567  
 Or Email to: parts@jennersales.com

Customer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 (To Confirm Order and Payment)  
 Sold To: \_\_\_\_\_ Ship To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| Date:              |             | P.O.#:     | Date Required: |   |
|--------------------|-------------|------------|----------------|---|
| Quantity           | Description | Price Each | Amount         |   |
| 1                  |             |            | \$             | - |
| 2                  |             |            | \$             | - |
| 3                  |             |            | \$             | - |
| 4                  |             |            | \$             | - |
| 5                  |             |            | \$             | - |
| 6                  |             |            | \$             | - |
| 7                  |             |            | \$             | - |
| 8                  |             |            | \$             | - |
| 9                  |             |            | \$             | - |
| 10                 |             |            | \$             | - |
| 11                 |             |            | \$             | - |
| 12                 |             |            | \$             | - |
| 13                 |             |            | \$             | - |
| 14                 |             |            | \$             | - |
| 15                 |             |            | \$             | - |
| 16                 |             |            | \$             | - |
| 17                 |             |            | \$             | - |
| 18                 |             |            | \$             | - |
| 19                 |             |            | \$             | - |
| 20                 |             |            | \$             | - |
| <b>Total</b>       |             |            | \$             | - |
| <b>2% Discount</b> |             |            | \$             | - |

Customer Signature: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

√ Your Selection

|                          |                          |                |       |
|--------------------------|--------------------------|----------------|-------|
| JENNER CUSTOMER CREDIT   | <input type="checkbox"/> | Account Number | _____ |
| CNH REVOLVING CREDIT     | <input type="checkbox"/> | Account Number | _____ |
| BILL ME/ ACCOUNT ON FILE | <input type="checkbox"/> | Account Number | _____ |
| OTHER                    | <input type="checkbox"/> | Account Number | _____ |

Payment Method: