PARTS INFO REQUEST / ORDER FORM

☐ Order ☐ Info Request Only

** By checking Order box, customer agrees this is a **CONFIRMED** order*

* Date Submitted	
* Dealer Number	
* Dealership Name	
* Contact Name	
* Contact Email	
Contact Phone #	Fax #
PO Number (if applicable)	

*All above fields marked with * are REQUIRED*

Serial Number	
Model Number	

If order is for specific trailer, Serial and Model # are REQUIRED

Please email this form to:
exissparts@exiss.com

Preferred Shipping Method:

- ☐ UPS Ground
- ☐ UPS 2nd Day
- ☐ UPS 3rd Day
- ☐ UPS Next Day Air
- ☐ UPS Next Day Air - Early AM
- ☐ Freight - Common Carrier
- ☐ Next Available Trailer
- ☐ Dealer Pick Up at Factory
- ☐ Direct Ship to Dealer's Customer:

Name	
Address	
Address 2	
City & State	
Zip Code	
Phone #	

Order Quantity	Exiss/Sooner Part # (if known)	Description of Part	*Parts Dept use ONLY*

Additional comments:

PLEASE NOTE, ANY MISSING INFORMATION MAY DELAY PROCESSING YOUR ORDER

**If you'd like to turn an Info Request into a confirmed order, please re-submit form with Order box checked instead of Info Request*