

# RESTORATION ORDER DATE:

NAME COMPANY NAME  
 STREET ADDRESS CITY,POSTCODE  
 PHONE EMAIL

**This phone number will be your reference for the job. Please provide an email for confirmation of this order.**

| SALESPERSON | SHIPPING METHOD IN | SHIPPING METHOD OUT | QUOTE REQUIRED | PROMISED DATE | ORDER NUMBER | PAYMENT METHOD |
|-------------|--------------------|---------------------|----------------|---------------|--------------|----------------|
|             |                    |                     |                |               |              |                |

Credit Card Payments to be made by Quick pay on our website homepage unless **the cardholder** is picking up in person

| QTY          | ITEM # OR NAME | DESCRIPTION         |          |                    |
|--------------|----------------|---------------------|----------|--------------------|
|              |                |                     |          |                    |
|              |                |                     |          |                    |
|              |                |                     |          |                    |
|              |                |                     |          |                    |
| Vehicle Year | Manufacturer   | Model & Engine Type | ODOMETER | Voltage & Polarity |

| <b>Restoration Services</b><br><b>Tick &amp; Specify</b>                                | <b>Specific Faults or requirements :</b> | Price   |
|---|--|---------|
| Bezel Rechromed <input type="checkbox"/> Repainted <input type="checkbox"/>             |  |         |
| Bezel Replaced  |  |         |
| Cable Speedo/ Tacho to Sample   |  |         |
| Capillary Temp Tube <input type="checkbox"/> Armor <input type="checkbox"/> Replace     |  |         |
| Capillary Temp Nut <input type="checkbox"/> Bulb <input type="checkbox"/> Replace       |  |         |
| Plating <input type="checkbox"/> Painting <input type="checkbox"/> Case                 |  |         |
| Plating <input type="checkbox"/> Painting <input type="checkbox"/> Nuts & Brackets      |  |         |
| Dials Cleaned   |  |         |
| Dials Replaced to Original Specification  |  |         |
| Glass or Lens Cleaned   |  |         |
| Glass or Lens Replaced  |  |         |
| Masks Repainted   |  |         |
| Odometer Drums Cleaned  |  |         |
| Odometer Drums Repaint <input type="checkbox"/> Replace <input type="checkbox"/>        |  |         |
| Pointers Repaint  |  |         |
| Rubbers Replace   |  |         |
| <b>Other; Please Specify</b>  |  |         |
| <b>CHANGES; Tick &amp; Specify</b>  |  |         |
| Capillary Temp Length <input type="checkbox"/> Connection <input type="checkbox"/>      |  |         |
| Cable Speedo/ Tacho to Requirement  |  |         |
| Change of Ignition System   |  |         |
| Change of Polarity  |  |         |
| Change of Voltage   |  |         |
| Change of Fuel Sender   |  |         |
| Change of Tacho or Speedo Signal Source   |  |         |
| Dials Changed to New Scale eg: MPH v KPH  |  |         |
| Calibration Change; Provide Details   |  |         |
| This is a RESTORATION ORDER for the goods named, subject to any conditions noted below: |  | Freight |
|   |  | Total   |

To accept sign and print your name here

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RESTORATION ORDER REFERENCE NUMBER: (provided when confirmation sent)

PLEASE RETAIN THIS PORTION AND QUOTE THIS NUMBER OR YOUR PHONE NUMBER WHEN DISCUSSING YOUR JOB WITH US.

Phone 03 94574755      Email: repairs@howardinstruments.com.au

