ORDER FORM (Attach more pages if needed OR make your own)

Name_____ Ship to: _____
Company_____ _____
Address_____ _____
City_____ State_____ Zip_____ _____
Phone_____ Fax_____ Email:

Quantity	Part Number	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Shipping:
[ ] STANDARD (Rieken's Racing Picks) [ ] UPS [ ] Fed Ex [ ] Spee Dee [ ] USPS Priority Mail
[ ] Ground [ ] NEXT DAY [ ] 2ND DAY [ ] 3RD DAY [ ] International

Credit Card:
Name (as it appears on card)_____
[ ] Discover Card [ ] Master Card [ ] Visa

Account #_____ Expiration___/___ V-Code____

Signature_____ (The V-code is a 3 digit# on back of the credit card.)

Mail to: RIEKEN'S RACING
Order Department
365 7th Ave.
Marion, IA 52302 USA

Fax to our 24 hour fax line:
319-377-2139

SPECIAL INSTRUCTIONS: