



Product Order Form

Date	
SO#	
PO#	

SUBMIT ORDERS to: orders@lgs-group.com

Orders starting with part #EI submit to: sales3@lgs-group.com

Replacement service parts submit to: orderadmin@lgs-group.com

PURCHASER INFORMATION

Company Name _____
Contact Name _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Tax Exempt/Resale Number _____
Email Address _____ (Include a certificate copy with this form)

REQUIRED: INSTALL VEHICLE INFORMATION

Orders will not be processed without the install vehicle's make, model and year. This information is needed for accurate configuration.

Vehicle Make _____ Vehicle Model _____
Vehicle Year _____ Vehicle Engine _____

FOR TRANSITS ONLY:

☐ Sync 3 ☐ Sync 4

LIFT DETAILS: (if applicable)

☐ Braun ☐ Ricon
Lift Door: ☐ Manual ☐ Power

PRODUCT ORDER

Quantity	Part # / Configuration
_____	_____
_____	_____
_____	_____
_____	_____

SHIPPING INFORMATION

UPS Shipping Method: ☐ Ground ☐ 3-Day ☐ 2-Day ☐ Next Day Account # _____

PAYMENT INFORMATION

Card Number _____
Name on Card _____ Expiration _____
Billing Address _____
AP/AR Billing Email _____ Convenience Fee (4%) Explained ☐
(For invoices)

NOTES